DOCUMENT RESUME

ED 424 029 PS 027 012

TITLE	Early Head Start: Goals and Challenges. Hearing before the Subcommittee on Human Resources of the Committee on Government Reform and Oversight. House of Representatives, One Hundred Fifth Congress, Second Session (February 19, 1998).
INSTITUTION	Congress of the U.S., Washington, DC. House Committee on Government Reform and Oversight.
ISBN	ISBN-0-16-057006-9
PUB DATE	1998-00-00
NOTE	190p.; Serial No. 105-109.
AVAILABLE FROM	U.S. Government Printing Office, Superintendent of Documents, Congressional Sales Office, Washington, DC 20402.
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Child Development; Compensatory Education; *Developmental Programs; *Early Intervention; *Government Role; Hearings; Infant Care; Infants; Preschool Education; Toddlers
IDENTIFIERS	Congress 105th; *Early Head Start

ABSTRACT

This hearing contains testimony on the Early Head Start program. Testimony was provided by: (1) a director of a state Head Start Association; (2) directors of Head Start programs; (3) a Head Start parent; (4) Olivia A. Golden, Assistant Secretary, Administration for Children and Families, U.S. Department of Health and Human Services; (5) a state department of social services administrator; (6) a psychology professor; (7) a National Head Start Association administrator; and (8) congressmen from Connecticut and New York. (EV)

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EARLY HEAD START: GOALS AND CHALLENGES

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ED 424 029

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT
REFORM AND OVERSIGHT
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTH CONGRESS

SECOND SESSION

FEBRUARY 19, 1998

Serial No. 105–109

Printed for the use of the Committee on Government Reform and Oversight

U.S. GOVERNMENT PRINTING OFFICE
48-274 WASHINGTON : 1998

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-057006-9

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EARLY HEAD START: GOALS AND CHALLENGES

THURSDAY, FEBRUARY 19, 1998

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT,
Norwalk, CT.

The subcommittee met, pursuant to notice, at 10:15 a.m., in the Community Room, Norwalk City Hall, Norwalk, CT, Hon. Christopher Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays and Towns.

Also present: Representatives DeLauro and Johnson.

Staff present: Lawrence J. Halloran, staff director and counsel; J. Vincent Chase, chief investigator; Judy McCoy, chief clerk; and Cherri Branson, minority professional staff member.

Mr. SHAYS. I would like to call this hearing to order, and to welcome our witnesses, to welcome our guests, and to welcome our colleagues who are serving in Congress from Connecticut. And to particularly welcome the ranking member of this committee, Ed Towns, and to begin this hearing, which we are looking forward to.

A passionate advocate for early childhood development programs, the actor, director, and producer, Bob Reiner, told me a story to illustrate a point that he wanted to make to me.

He started his story by saying that while walking in a forest, two men saw a child floating down the river toward a waterfall. As the first man waded in to rescue the child, another floated by, and then another. The second man kept walking. "Where are you going?" the first man asked. "Why aren't you helping me?" The second man answered, "I'm going upstream to keep these children from falling into the river in the first place."

Today, this subcommittee has come upstream to look at a program designed to do just that. Early Head Start seeks to set a healthy course for infants and toddlers at risk of falling into the treacherous waters of poor physical, emotional, and cognitive development.

Building on three decades of success in Head Start programs for 3- to 5-year-olds, Early Head Start offers infants, mothers, and families the services and skills needed to stimulate and nurture the youngest minds at the most critical time from birth to age 3.

Physical science now supports what social science has known for generations. A child's early encounters, even prenatal sensory experiences, play a decisive role in wiring the brain for learning, for love, and for life. Missed opportunities can never be regained, and the cost of lost capacity compounds exponentially for the individual and the community with each year of low self-esteem and poor school performance.

Early Head Start applies the science of child development to the art of parenting to protect a priceless and irreplaceable asset, the mind of a child.

In his 1998 budget, the budget that we are now in, the President called from a national debate on child care. And this year, Congress will write legislation to reauthorize the $4.3 billion Head Start Program. Both debates will take place as welfare reform puts parents back into the work force and into the market for reliable and high quality child care. Early Head Start should be an option for them.

So we come here this morning to listen, to learn, and to ask what impediments confront Early Head Start as the Department of Health and Human Services, HHS, continues to expand the reach and the quality of the program.

As an oversight subcommittee, our mission is to make sure Federal programs not only mean well, but do well, with the resources available. We ask how administrators assure the quality of their programs, and we ask how the Department measures the performance and the outcome of critical efforts like Early Head Start.

In that work, we are grateful to be able to look to the expertise and experience of our witnesses today. This morning, we will hear from Connecticut teachers, administrators, and a Head Start parent on their views of the promise and performance of Early Head Start.

This afternoon, the HHS Assistant Secretary responsible for this and many other family service programs will lead a panel with the State social service commissioner, a distinguished researcher on child development issues, and a leader of the national Head Start movement.

I also want to express my gratitude to my Connecticut congressional colleagues in my statement, to Senator Dodd and Representatives Johnson and DeLauro, for their participation today. Their commitment to child care issues is a credit to our State and an important part of their service to our Nation.

Again, we welcome all of our witnesses.

I would say before calling on Ed Towns that this is the first hearing that I have had as chairman of the Human Resources Subcommittee in my own State. And I have been a chairman for a number of years.

And this hearing is here not because I represent the Fourth Congressional District, but because Connecticut is a leader in Head Start and Early Head Start programs. We have really come to the mecca, and it is right here in the district that I represent, and the State that I represent.

[The prepared statement of Hon. Christopher Shays follows:]

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Statement of Rep. Christopher Shays

February 19, 1998

A passionate advocate for early childhood development programs recently told me a story to illustrate his point. While walking in a forest, two men saw a child floating down the river toward a waterfall. As the first man waded in to rescue the child, another floated by. Then another. The second man kept walking. "Where are you going?" the first man asked. "Why aren't you helping me?" The second man answered, "I'm going upstream to keep these children from falling into the river in the first place."

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Physical science now supports what social science has known for generations. A child's earliest encounters, even pre-natal sensory experiences, play a decisive role in "wiring" the brain for learning, for love, for life. Missed opportunities can never be regained, and the cost of lost capacity compounds exponentially for the individual and the community with each year of low self esteem and poor school performance. Early Head Start applies the science of child development to the art of parenting to protect a priceless, irreplaceable asset: the mind of a child.

In his 1998 budget, the president called for a national debate on child care. And this year Congress will write legislation to reauthorize the $4.3 billion Head Start program. Both debates will take place as welfare reform puts parents back into the workforce and into the market for reliable, high-quality child care. Early Head Start should be an option for them.

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As an oversight subcommittee, our mission is to make sure federal programs not only mean well, but do well, with the resources available. We ask how administrators assure the quality of their programs, and we ask how the Department measures the performance, and the outcome, of critical efforts like Early Head Start.

In that work, we are grateful to be able to look to the expertise and experience of our witnesses today. This morning, we will hear from Connecticut teachers, administrators and a Head Start parent on their views of the promise and performance of Early Head Start. This afternoon, the HHS Assistant Secretary responsible for this, and many other, family service programs, will lead a panel with the state Social Service Commissioner, a distinguished researcher on child development issues and a leader of the national Head Start movement.

I also want to express my gratitude to my Connecticut congressional colleagues, Sen Dodd, and Representatives Johnson and DeLauro, for their participation today. Their commitment to child care issues is a credit to our state and an important part of their service to our nation.

We welcome all our witnesses today and we look forward to their testimony.

Mr. SHAYS. And at this time, I would call on Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman. And let me begin by thanking you for holding this hearing today. It is a pleasure to be here in Norwalk, CT, and to be joined by Senator Dodd and Congresswoman Nancy Johnson and Congresswoman Rosa DeLauro.

Each year, almost 1 million children from low income families enter school for the first time. Some of these children will be prepared for the school experience, because of experiences provided by parents, private preschool, and enrichment programs. Other children, because of poverty and social isolation, may have difficulty in school. Head Start was founded on the premise that one day these two sets of children will live in the same society, and should share the same opportunities.

Through Head Start, preschool preparation assures that poor children will start out on a level educational playing field. In the past 30 years, the program has served almost 16 million children. Children in Head Start receive comprehensive early childhood development, educational, health, nutritional, social and other services.

By concentrating on the four major program components of education, health, parental involvement, and social services, Head Start attempts to assist low income preschool children in overcoming these deficits associated with their backgrounds.

The national average Head Start cost per child is about $4,500. In 1996, Head Start served 752,000 children. In recent years, concerns have been expressed about the quality of services and the program's potential for sustaining positive effects over the long term.

In its 1994 reauthorization amendments, it was included to increase standards. Monitoring requirements, staffing qualifications, and research activities. Additionally, there is widespread agreement and statistical support for the position that Head Start produces significant short-term goals.

However, disagreement continues over the program's long-term effects. Children who attended Head Start had certain benefits. Generally, they were not required to repeat early grades, nor were they placed in special education classes. However, these benefits disappeared by the fourth grade.

Some people wonder why these benefits are not sustained in the long run. Well, to me, the answer to this question is no great mystery. Head Start serves the poorest of the poor. In 1997, 64 percent of Head Start families had income under $9,000 per year. Let me repeat that, under $9,000 per year.

So Head Start does not remove children from poverty or environments in which poverty exists. Therefore, children who graduate from Head Start will still be faced with poor nutrition and poor health care.

These children will attend schools with inadequate space, staff, and equipment. Those children are poor. They will be faced with overt or implicit expectations of low educational attainment. It may not be realistic to expect that a few years of Head Start will overcome all of these things.

Let me conclude by saying, Mr. Chairman, that I strongly believe that we can reverse this by having enrichment programs that begin in the third or fourth grade. And let us not put the entire burden on Head Start.

Again, Mr. Chairman, let me thank you for holding this important hearing in Norwalk, CT. And I look forward to hearing the testimony of our witnesses, so that we can go back to Washington and begin to take care of business. Thank you very much.

[The prepared statement of Hon. Edolphus Towns follows:]

ONE HUNDRED FIFTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

2157 Rayburn House Office Building

Washington, DC 20515-6143

OPENING STATEMENT
OF
REP. EDOLPHUS "ED" TOWNS
RANKING DEMOCRATIC MEMBER
SUBCOMMITTEE ON HUMAN RESOURCES

FEBRUARY 19, 1998

Mr. Chairman, thank you for holding today's hearing. It is a pleasure to join you here in Connecticut to discuss this important issue.

Each year, almost one million children from low income families enter school for the first time. Some of these children will be prepared for the school experience because of experiences provided by parents, private pre-school and enrichment activities. Other children, because of poverty and social isolation, may have difficulty in school. Head Start was founded on the premise that one day, these two sets of children will live in the same society and should share the same opportunities.

Through Head Start, pre-school preparation assures that poor children start the educational playing field on the same footing as their more fortunate peers. Those who support the program can point to Congresswoman Loretta Sanchez as one indication of the potential of the program. Rep. Sanchez attended Head Start as a child and describes the program as one of "the most fundamental experiences" of her life.

In the past thirty years, the program has served almost 16 million children. Children in Head Start receive comprehensive early childhood development, educational, health, nutritional, social and other services. By concentrating on the four major program components of education, health, parental involvement and social services, Head Start attempts to assist low income preschool children in overcoming the deficits associated with their backgrounds. The national average Head Start cost-per-child is about $4500. In 1996, Head Start served 752,000 children.

In recent years, concerns have been expressed about the quality of services and the programs's potential for sustaining positive effects over the long term. In its 1994 Reauthorization, amendments were included that increased standards, monitoring requirements, staffing qualifications and research activities. Additionally, there is widespread agreement and

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statistical support for the proposition that Head Start produces significant short-term gains. However, disagreement continues over the program's long-term effects. Children who attended Head Start had certain benefits. Generally, they were not required to repeat early grades nor were they placed in special education classes. However, these benefits disappear by the fourth grade.

Some people wonder why these benefits are not sustained in the long run. Well, to me the answer to this question is no great mystery. Head Start serves the poorest of the poor. In 1997, 64% of Head Start families had incomes under $9000 per year. Head Start does not remove children from poverty or environments in which poverty exists. Therefore, children who graduate from Head Start will still be faced with poor nutrition and poor health care. These children will attend schools with inadequate space, staff and equipment. Moreover, because those children are poor, they will be faced with overt or implicit expectations of low educational attainment. It may not be realistic to expect a few years of Head Start to overcome all these things. The answer to reversing the Head Start "fade" is to compensate with enrichment programs that begin in third or fourth grade.

Again, Mr. Chairman thank you for holding today's hearing. I look forward to hearing the testimony of our witnesses.

Mr. **Shays**. Thank you, Mr. Towns.

At this time, I will call on my colleague, Nancy Johnson.

Mrs. **Johnson**. Thank you very much, Chris.

Let me take a moment to pay tribute to one of the State's really remarkable leaders of Head Start, Jane Johnson of New Britain, who passed away suddenly and unexpectedly about 10 days ago.

Jane was a truly remarkable human being in her own personal right. When Head Start was first founded, she was one of the first Head Start moms. She moved on to become an assistant teacher. She moved on years later to become the director of the program. And as director for many years in New Britain, she was one of the people that I would consider a creative bureaucrat.

And I say that with love and affection and enormous respect. Because she taught me how profoundly important it is to have systems that keep quality on the top of the agenda. That quality is what Head Start was all about, quality care for children, quality care guidance for mothers, quality support for families.

And in fact, she died only 2 days before a meeting that we had arranged for me with other Head Start directors and our own professional staff to acquaint me with the new problems that they are now seeing amongst our Head Start kids that mean that once again we need to take this reauthorization very seriously, because there are problems now that were not part of the picture the last time that were reauthorized. And we need to think through again what it is that we need to give these kids the kind of start that they deserve.

Ed Towns, welcome to Connecticut. And your point that these kids still live in difficult circumstances with a lot of problems in every day of their life cannot be missed, as we seek to provide them with the right kind of support and start in those very early years pre-Head Start, through Head Start, and then on into school, and likewise for their mothers and the whole family.

I just want to say that Jane Johnson was one of those remarkable but not unique people in Head Start. Because I know of no more dedicated group than the Head Start leaders in the State, dedicated to the Federal role in modeling the high quality forward thinking program that Head Start has always been. But willing also to find a way around the bureaucratic barriers that often exist to getting real needs met in an immediate timeframe, and then helping us to change the law, to reach out more effectively and to provide this program as a strong, and effective, and modern responsive program for children and families in Connecticut.

And I just want to say to you, Jane, thank you. And to all of those who worked with Jane and knew her well, we appreciated all your letters of support and the elegant statements of love, and testimony, and honoring that came from you during her very beautiful service in memory. Thank you very much.

And Chris, it is a pleasure to be here. I associate myself with your excellent opening remarks. And I thank you all.

Mr. **Shays**. Thank you, Nancy.

And I will now call on Rosa DeLauro. It is nice to have you here.

Ms. **DeLauro**. Thank you. Thanks so much. I want to begin by saying thank you to my friend and my colleague, Chris Shays, for inviting me to join in this effort this morning, which is a very exciting hearing this morning. And to look out at this crowd, you can easily sense the great things that are being done in Connecticut, but also the interest that surrounds this whole issue of preschool care, Head Start, or Early Head Start.

I am honored to be here with the ranking member of the subcommittee, Ed Towns—welcome, we are glad to have you in Connecticut—and to be here with my colleague, Nancy Johnson.

I also want to mention and say good morning to our colleague, Senator Dodd, who is truly a great leader in our State and a leader in the Congress on children's issues, and was instrumental in the Early Head Start Program and its creation in the 1994 Head Start reauthorization.

I had the honor of working with Chris Dodd a number of years ago, not that many years ago, Senator. And I watched year in and year out as he pioneered child care legislation, and he pioneered the family and medical leave legislation, two pieces I think of legislation which in fact represent the plight of working families in our State and our country today.

I was privileged to be a Member of Congress in 1994 and to vote yes for the legislation that created the Early Head Start Program. It is exciting to be in 1998, to see what the program has become, and what it is doing for the 37,000 children and families that it serves. Our foresight in creating Early Head Start was confirmed this year by the new scientific research that my colleague, Chris Shays, mentioned, that shows the amazing brain growth and development which takes place during the first 3 years of life.

It really has reaffirmed what parents and grandparents knew intuitively. But we do have that body of information. It reaffirms how critically important these first years are. And we have no time to waste when it comes to helping our young children learn.

In fact, those of us who serve in public life, if we wind up taking that body of information with all of its depth about those first 3 years of life, if we take that and put it on a shelf and nothing happens, then quite frankly we are derelict in our duty and what people have put their faith and trust in us to do. We know how children learn, and we know the importance of quality child development in those first years.

We recognize that the success of the program and its expansion thus far is no accident. It is directly attributable to the hard work of local program directors, staff, and parents, such as those who are joining us here today.

It is also attributable to the oversight and support of the administration on children and families. Under the leadership of Secretary Shalala and Assistant Secretary Golden, 200 poor performing Head Start programs, that were not serving families have been closed down, as it should be. If they are not performing, they should be shut down.

Monitoring and technical support has been intensified. Parents have been more intimately involved in decisionmaking.

But as Members of the Congress that created Head Start, it is part of our responsibility to ensure that it is being run efficiently, and that children and parents are receiving the education and the support that they need. That the highest quality grant applications are being funded, and that programs receive the technical assistance that they need to do the best job possible. And that programs that do not adequately serve kids and families are in fact shut down.

That is why those of us who most strongly support Early Head Start will sometimes ask the toughest questions about how the program is running. So that we can make sure that it is doing the best possible job for our youngest and our most vulnerable kids.

What we are talking about is not a place for youngsters to be put where they are being babysat. It is child development that we are talking about here today. That is the direction that we need to take these programs, if we are to provide our kids with an opportunity so that they can be successful in their lives.

I look forward with really great excitement listening to testimony here today and the continued discussion of ideas. Thank you very, very much.

Mr. SHAYS. Thank you very much, Rosa.

I would like to get three housekeeping items out of the way. I ask unanimous consent that all members of the subcommittee be permitted to place an opening statement, and that the record remain open for 3 days for that purpose. And without objection, so ordered.

And I ask further unanimous consent that all witnesses be permitted to include their written statements in the record. And without objection, so ordered.

And also we have a statement from Congressman Maloney, which I would like to insert into the record. And without objection, so ordered.

[The prepared statement of Hon. James H. Maloney follows:]

CONGRESS OF THE UNITED STATES

James H. Maloney
5th District, Connecticut

February 18, 1998

THE HONORABLE CHRISTOPHER SHAYS
CHAIRMAN
HUMAN RESOURCES SUBCOMMITTEE
HOUSE COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
B-372 RAYBURN BUILDING
WASHINGTON DC 20515

Dear Chris,

Unfortunately, I will not be able to attend the hearing entitled "Early Head Start: Goals and Challenges" scheduled for Thursday, February 19, 1998 in Norwalk, Connecticut. However, I would like to take this opportunity to express my support for the critical mission of the Early Head Start program and your efforts to examine performance standards for the measurement of the program's results and effectiveness.

The Early Head Start program has served 37,000 low income children and families by awarding grants to community based organizations which provide services to enhance child and family development, build networks of community programs, and improve the quality of staff members. This flexible approach to governing allows local agencies to utilize resources in a way that addresses the specific needs of low income children and families in their community.

An abundance of evidence exists which indicates that the ability of children to succeed in life depends in large part on their early social, emotional, and physical development. Furthermore, educators and child development groups have stressed the importance of early intervention programs to ensure the well being of children under the age of three. Accordingly, President Clinton is proposing to double the number of infants and toddlers served by Early Head Start to 80,000 by 2002.

Now is the time to develop performance standards to measure the Early Head Start program's success in advancing the physical, social, emotional, and cognitive development of our children. Furthermore, we must address the issue of "fade out" of Head Start achievement. The increased investment in the development of our children is a crucial undertaking, and we should be taking steps to guarantee that this program has the ability to continue to benefit our children in a significant way. Your hearing and the examination of the Early Head Start program will serve to help us in our efforts to ensure the well being of low income children.

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We must not neglect the needs of our most vulnerable populations. It is imperative that we continue to invest in effective programs to promote the healthy development of children. In this way, at-risk infants and toddlers will meet their responsibilities in life and become productive citizens. This is an investment that will pay huge returns in the long run.

Again, I support the mission of the Early Head Start program. I want to commend you for your efforts to examine this program and to ensure that it continues to meet its important goals.

Yours truly,

Best regards -

James H. Maloney
Member of Congress

JHM:jpl

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Mr. SHAYS. I would like to invite Senator Dodd to come and give words of welcome to this hearing.

I note, Senator, for the record, that you have been, in fact, a national leader on child care and Head Start programs. And we, in the House, give some of the record to the fact that you had a chief of staff named Rosa DeLauro who probably sensitized you to those issues.

Senator DODD. This hearing may be bipartisan, but it is never bicameral like that. [Laughter.]

Welcome, Ed. It is a delight to have you in Connecticut. It is a thrill that you are up here. In fact, I was at an event last night in New York for the Connecticut program. The Hole in the Wall Gang had a fund-raising event last night with a number of our constituents from Connecticut. And if I had known that you were going to be here this morning, if I had looked at my notes better, I could have driven up with you this morning and come here.

Well, I am thrilled to be here, Mr. Chairman, and I thank you immensely for asking me to come on by and share some thoughts, and to welcome Ed Towns, a wonderful Member of Congress. And obviously, to be with Rosa and Nancy. I commend you for doing this. You ought to do this more often. I think that it is a wonderful way for us to bring it back home.

We had a hearing the other day in Hartford on the year 2000 problem. I could not get other Members to come up, but we had an interesting hearing in a State where these issues are important. So it is awkward and difficult sometimes to have an official hearing outside of Washington, but I think it is very worthwhile. And then to have a tremendous crowd like you have here today of interested people and real experts in this area, who work at it every day is a real bonus.

And if we were smart, we would listen to them as we try to shape policy, the people every day who open doors and try and make a difference in people's lives.

And let me join you, Nancy, in commending Jane Johnson. I was there yesterday at the Ben Franklin School in New Britain with Don Defonzo, who is part of that program, and Janice Johnson, who is now running a lot of it. And in fact, I inserted in the Congressional Record a day or two ago a piece on Jane that I brought to the facility in New Britain yesterday, commending her for tremendous service.

Here was a Head Start mother, who was an attendance organizer in Mount Pleasant. A Head Start mother, who got a job as a part-time worker, and ended up becoming the director of the Head Start in 1981 in New Britain. She died at the young age of 59 years of age, far too young.

But she made a tremendous difference. Just as an example, as we all go around our districts and States and visit these places, we begin to appreciate the tremendous work that people do, and their dedication. She was a fine example of that in the program. And New Britain is a great program, and I was pleased to be able to see it yesterday.

The Head Start children were not in yesterday. It was a holiday. But the child care programs were there, and I had a chance to talk to the child care workers and others.

At any rate, congratulations, Mr. Chairman. Thanks for asking me to come by and participate in this hearing. I think that all of us agree when it comes to children and early childhood development. And as Rosa said, we are talking about Early Head Start here, but what we are really talking about is early child development. And we have recognized that Early Head Start is a critical piece of that.

Most of us feel, certainly in this room here today, that politics ought to be left at the door when it comes to these issues. And there are people all across the spectrum who care about Head Start very, very much. And I find that tremendously encouraging, as we look at these issues.

I cannot think of any more important topic for a hearing, frankly, than early childhood development programs like Early Head Start. These initiatives are at the heart of our mission as a Congress and as a Nation. I have often said that children represent 27 percent of our population, but 100 percent of our future. And when we start talking about this Nation in the 21st century——

Mr. SHAYS. Can I use that line later on?

Senator DODD. If you attribute it to me, I will let you do it. But I know you will not. None of us ever does in this business.

Mr. SHAYS. Only the first time, Senator. After that, it becomes mine.

Mrs. JOHNSON. It is in the public domain now. [Laughter.]

Senator DODD. But it truly is. We are talking about our future. And long after we are out of Congress and the people behind me have retired and are doing other things in their lives, it will be a generation that will look back to us and say: "What did you do in the close of the 20th century? You knew what the issues were, and you knew what the problems were, and you knew what the difficulties were. How did you allocate your priorities, your time, and what was your agenda for your Nation?"

And the fact that you are holding this hearing today, the fact that there has been a good deal of attention now focused on Early Head Start, speaks well for us being smart about the future, 100 percent of our future, these children who count on us and others to try to improve their quality of life.

We have seen recently, of course, in 1997 those stories about the brain study. I found it fascinating and wonderful that there was so much attention being paid. But this was just saying or telling us categorically what people have known intuitively for centuries and centuries. That early bonding, holding, and nurturing processes are absolutely critical.

And people who are uneducated and illiterate may not have understood it or heard of it, but they intuitively as mothers knew that holding and nurturing a child is absolutely critical for them.

And now we are being told that there is a reason for all of that. These 1,000 trillion synapses that occur in 36 months, think of that, 1,000 trillion. Often school children ask me what is 1,000 trillion. Well, the best example I can cite is the Milky Way.

If you look up on a starry night, and you look at the Milky Way, there are 1,000 trillion stars in the Milky Way. And that is how many electrical connections occur in 36 months from the day that a child is born until that time.

And if you do not have those electrical connections made, then they are lost forever. Unfortunately, they are lost forever. It is interesting, but it doesn't ever come back. So you have to use them or you'll lose them forever.

We now know categorically when motor skills occur, when various bodily functions occur, those synapses. We do not know about human development as much and behavioral questions. Those are mysterious to us. Except we know that they occur in that rough timeframe, maybe a little further than 36 months, but not much.

And so the critical days are during the pregnancy, the caring, and the health care needs, and then the earliest days of these children's lives.

I will tell you something quickly and interesting. It may provoke you. You were talking about the issues as you perceive them. Frank Lautenberg, who is a colleague of all of us from New Jersey, told me an interesting story the other day. He and some partners of his founded a very successful company. It was ADT, and it did very, very well. And Frank and his partners came from poor circumstances in New Jersey. And they decided a number of years ago to do what other businesses have done, and went back and adopted a school, and adopted a class, and made the offer to fourth and fifth graders in the school that any one of those who complete high school, their college education is paid for. We are going to pay for their high school education. It got a lot of attention.

They did this back in the 1970's. Not a single child took advantage of that offer in that school. And what to him was the realization was that it was too late. In the fourth and fifth grade, it was too late.

And that is what we really have got to come to terms with here. If you say to the fourth and fifth graders that we are going to pay for your college education, that sounds wonderful to us. Because we could just imagine jumping at that opportunity. But in the classrooms where they were in poor communities in New Jersey, and the children were not getting the support and backing that they needed, they never saw it as part of their own vision of the future, even with someone saying I am going to write the check for you, for 4 years, to any college you can get into, it is paid for. And not one took advantage of it.

So the earlier that we get involved here, if you need to know categorically whether or not there is a value in it, obviously I think that story and others point it out.

Of course, we get very, very prideful about Head Start in Connecticut with great justification. Ed Zigler in Connecticut was the founder and the father of Head Start at the Yale Child Study Center 40 years ago. And so there is a parochial involvement here that warrants the participation of a hearing in Connecticut today given the initiation of where it has come from.

And today, we know that there are 173 local Early Head Start programs serving 22,000 children in the country. And you are going to later hear that Connecticut just last year received its first Early Head Start projects.

It is working with parents to ensure that infants and toddlers have a rich, stimulating, healthy environment. I have got to state the obvious that the best teacher and the best care giver is a well prepared parent to do it. That is the best. If you want something and have the best, that is the best.

But if you cannot have that, because parents are working, single parents, and the pressure is on them, how do you come as close as possible to mirroring that best giver, that caring parent, how do you get as close to that?

And that is what we are trying to do here with Early Head Start. We are trying to approximate, if you can, the kind of care that a parent would provide. And we know how important that is. If it cannot be there, because of work or whatever else, How do you get close to that, to stimulating the kinds of things that children need in those earliest years?

And again, the synapse argument and the brain studies that we have seen make that point. But there is one thing that Early Head Start is not. It is not an inoculation, that somehow for once and for all that it ensures future positive development.

There are some that criticize Head Start and have over the years, saying that the gains are lost over time. And there is some evidence showing that may be the case in some cases. Many have raised similar questions about Early Head Start.

I think that we need to stand back and carefully look at some of these claims. First and foremost, Head Start children start school more ready to learn than non-Head Start children. That is a fact. We know that now. In fact, Head Start children stay ahead over time. We know that too. That is a fact.

They are likely to stay on grade out of special education, and graduate from high school on time. They are also less likely to have children in their teen years, go on welfare, or be involved in violence in the criminal justice system. Those are all facts. We have got 30 years of data now to support that.

Head Start offers children a strong foundation for success in school, and Early Head Start offers the same potential. But this foundation must be built on by teachers, schools, and parents.

As you know, Mr. Chairman, Early Head Start is still a new effort, and evaluations are under way but not complete. However, our experiences with this program have been quite positive.

Today you will hear stories from people in Connecticut. To share with you just a couple from out of our State. Northern Virginia, unmarried teen parents with a baby in the program began working together through Early Head Start activities, and spent more time with their child as a result of being involved in Early Head Start, and grew closer to one another.

They were ultimately married which they had not been, and had the ceremony, by the way, at the Early Head Start in Virginia, attributing the program directly to bringing parents together. That family would have been divided, a single parent raising children. And we know the problems associated with that.

In Nebraska, a teenage father was battling substance abuse and gained self-esteem and self-worth through the Early Head Start program. And he has overcome his drug problems to become a part of his family once again.

In Virginia, again, a mother was having difficulty finding child care because her child had a disability. She was eventually able to enroll her baby in an Early Head Start program, which has provided quality safe child care for her. Again, another example of how this program has affected and benefited people.

It is clear, Mr. Chairman, that this program has made a huge difference in the lives of thousands of people already. But we need to do more to help America's children and families. First, we need to fully fund Head Start in this country. This is just inexcusable. After 30 years, we know it works. We know the benefit here. I applaud the administration. It is now going to get up to 50 percent. Ed Towns has pointed out that what we are talking about is the incomes of people there.

This Nation with all of its wealth and all of its resources, the fact that we cannot fully fund Head Start, to make this available to every eligible child, I do not understand. I just do not understand. We have the data and we know the difference it makes.

Imagine if this were a disease we were talking about, and we knew with the data that kids staying in school, and not becoming teen parents, getting through on time, not ending up in the court system, all of those things, imagine thinking of that as an illness and we knew the results of a medical program that produced those results, would we only fund the program for 50 percent of the people who had it who might recover, and yet we have known this for years. And that is all we are doing.

So I applaud the 50 percent. But candidly, and I know this is always a question of resources and so forth, but nonetheless if you want to do something about the future in the 21st century, you have got to start in the early years here. And this is where we ought to be putting more of our resources.

As I said, expand Early Head Start. I am glad to see all of the attention. Rosa very graciously mentioned the child care programs, and we are doing some of that. We have got some initiatives in to start earlier with that, the infant care, the toddler care, the quality issues. And again, I know that I am preaching to the choir here with all of you on this panel, with your deep interest and commitment to it.

But again with welfare to work, the studies that I got back from the GAO. I asked the GAO in 1996 to do an assessment of what pressures would be created under existing pools of resources. As we went from welfare to work, what kind of pressures would that put on working parents who are on that fringe, who were not on welfare, but hanging right by their fingernails on this stuff.

The study came back 4 days ago. The vacancy rates. They assessed five States. The vacancy rates in California are 200,000 that they do not have slots for. In Texas, it is 80,000. In Florida, 80,000.

And what they are doing is not subsidizing and supporting the child care needs of working parents in order to satisfy the child care needs of people who have gone from welfare to work. So again, we are playing off one constituency against another that will now fall back a bit here.

And as a result, I am hopeful that with the tremendous amount of attention that is being paid—by the way, the bill that I have introduced does not pit working parents against stay at home parents. And what I do here is I provide tax credits up to 1 year per se, if people want to make the decision to stay at home. It is not

3 years, which is what Senator Chafee does. Because I do not have the money to do 3 years for both.

But 1 year, at least 1 year, a parent who is right on the cusp and maybe could stay at home, and maybe this tax break would be enough to encourage them to do so. That 1 year is such a critical year. That if I can at least start there, that we ought to try. And that is the most important year. So we include that in our bill. I will not go into all of the pieces of it.

Last, Mr. Chairman, as a part of all of this, I wanted to share with you. I do not know if you saw this the other day, but it kind of blew me away. Because again, it goes back to the point that Rosa was making on Early Head Start. We are really talking about development issues in here, and Early Head Start is such an important part of it.

I do not know if you saw this story, but the United Nations did a survey of paid leave for parents. I am not advocating paid leave. I authored the family medical leave bill. But it stunned me to discover that of the 158 nations surveyed, that 152 nations as a national policy have paid maternity leave. And there are six countries in the world that do not. They are Lesotho, Swaziland, Papua New Guinea, and the United States.

I mean, this is mind-boggling to me. And I will leave, if you would like, this New York Times story. But of 158 nations, only 6 in the world do not provide that kind of nurturing environment for a pregnant woman carrying a child.

And when you look how people participate in income here, which was surprising to me in some cases, the study found that women contribute half or more of family income in about 30 percent of the households in the nations that were studied. In the United States, the figure is 55 percent contribute to the income of households.

So providing some sort of safety net there is something that we ought to be looking at. I realize that this maybe seems like futuristic thinking. But when you realize that only five other countries in the world——

Mr. SHAYS. I cannot really put that in perspective. I think of a country like Mexico. And I do not know. What are they doing? First off, they have like 50 percent partial employment.

Senator DODD. I cannot speak of the individual country. I will leave the article. It says United Nations survey of 152 nations has found that the United States is 1 of only 6 that does not have a national policy requiring paid maternity leave.

Mr. SHAYS. So this would be good for us to look into.

Senator DODD. Elizabeth Olsen wrote the piece.

Mr. SHAYS. I appreciate that.

Senator DODD. Again, I am not advocating paid leave here. I realize that we could never vote for it at this point. But we ought to be thinking about how you get to this issue of early development here. If Frank Lautenberg is right that you have got to get at this issue a lot earlier if you are going to be successful, we have got to look at that as well.

So Mr. Chairman, I apologize for taking more time than I probably should have as an invited guest, but I thank you for doing this. I think that it is tremendous. We can build some really strong bipartisan support here. And Nancy cares deeply about these issues, and worked on the health issues. Rosa has done a tremendous job in the House already on these questions.

We can build a kind of consensus. We have got about 70 days in this congressional session. We are being told that in the election year that it is obviously abbreviated. We have got a lot on our plate with the IMF and NAFTA expansion, and a lot of other issues, Iraq in front of us. We ought to find some time this year.

It would be a great conclusion, if you will, to this Congress if we could really come together on a child care bill, and some really good funding on Early Head Start. To at least make a commitment, over 10 years or even 20 years, if we even said we are going to fully fund Head Start. We cannot do it all in 1 year, but let's start a program that says we begin a process here that 10 years from now we are going to have fully funded Head Start in this Nation, I think the Nation would applaud wildly for a Congress that had focused on 100 percent of our future.

Thank you.

Mr. SHAYS. I know that you need to get on your way. But I just want to ask if any of your panel wants to make any comment. Let me just ask Ed.

Mr. TOWNS. I just want to thank him for his comments, and also for the work that he has done in this area in the past. And I look forward to continue to work with you on many of these issues.

Senator DODD. I appreciate it. Thank you.

Mr. SHAYS. Nancy.

Mrs. JOHNSON. Thank you, Chris, for being here. Bicameral work is not very common. In our neck of the woods, I was privileged to work with the Senator on the Chafee bill, and introduced it in the House. We provide 50 percent of the tax credit for 3 years looking at those first 3 years. But I think because we really have to do something about the prejudice of national policy toward out of home care, and while we are a long way from paid leave, that we should not really be a long way from really beefing up not only the dependent care tax credit.

Because the reformed dependent care tax credit in your bill and mine, I think, modernize that and will give 50 percent. But in the long run, we should be looking at a much more generous dependent care tax credit for both out of home care and the same in care groups that stay home, so that we do something about the first 3 years, and then really focus our child care resources.

We have a unique opportunity right now, and I agree with you on that. Because of the way that we did welfare reform, we have more money in the system for day care than we have ever had. And in the Chafee bill, and I am not sure about your bill, we do beef up the money for the vouchers and the President does this in his budget for that low income group that are in the work force that need day care assistance.

And I think that through the block grant, and the day care credit, and Head Start, and I would add in there special ed funding. If we can get special ed funding up to 40 percent, which we promised them, then school systems will have the flexibility to knit together a far better program that involves summer school and other assistance for kids to achieve on grade level.

But I think that if we can focus our resources on Head Start, and special ed, and the dependent care tax credit as generously as we possibly can, because the vehicle is already there, we are not inventing new programs, in that block grant, I think that we could make very measurable progress this year on this front. And I agree with you that nothing is more important than our children's development.

Senator DODD. I appreciate you saying that. And again, if we get into the business of pitting working parents against people who can stay home. We have people who have no choice. You have got single mothers out there, and the luxury of saying I would like to stay home is just not a question for them. They have to be there. Fifty-five percent of all children in child care centers have mothers who have to work. It is not a question of having some choice.

And one thing that I hope that we can get together on is refundability of the tax credit, which is always a ticklish issue here. But those people who do not pay taxes are at the lowest income level, and need our help to the extent that we can do a refundability.

Ronald Reagan, to his great credit, of course, said the best program for poor people is having some refundability of the Tax Code. So that it reaches a constituency where we are looking at $4,000 to $9,000 per child care cost, it is just mind-boggling.

Mrs. JOHNSON. I would really like to look at that with you. We see that the block grant comes up. Because the fraud rate in refundable programs is so very high.

Senator DODD. We can get into that.

Mrs. JOHNSON. We really have to make this a continuous seamless support system.

Senator DODD. I will end on this note with you. We have this tobacco bill, which is another issue. But the people look at it obviously as a funding source. But interestingly, in the bill that was introduced in the Senate the other day, childcare funding was not at $7 billion which is where the President was in his child care initiative, in the tobacco bill in the Senate it is $14 billion. It is the largest program except for medical research, which is $17 billion. Except for, obviously, the payments to patients and so forth.

But for programs that received support, child care has gotten the most support. So it is a good indication of where people are coming from.

Mr. SHAYS. Rosa.

Ms. DELAURO. Just to say thank you to the Senator. And I would like to reemphasize the point that parents, men and women today, whether they stay at home or whether they are in the work force, go to bed at night trying to figure how it is that they are going to get their bills paid, and how they are going to take care of their kids' education.

And child care becomes an issue for all of them. Many parents, one spouse or the other who do stay at home, they have their children in pre-school. The issue is the child development, the quality, and the opportunity. And we do have an unbelievable pivotal moment when we can, either through the tobacco effort or other efforts, look at resources to address generally the issue of child care and not put people at loggerheads.

I think that if we can move forward in that vein, that we will be doing the job that we have been sent to do and meeting people's needs. I think that is what you would like to see us do.

Senator DODD. Nancy mentioned the special ed, and I could not agree with you more. About 4 years ago, I offered an amendment to the Budget Committee. I lost on a tie vote, to get Federal special education funding up to 40 percent. We are at 8 percent. We promised 40. It is creating a real rub in our local communities.

And even if we could say to them look, we cannot do this overnight for you, but we can do it over 5 years or 6 years. Whatever you have to work out actuarially or whatever you have to do to do so, I think it would be a major step forward. It is a tragedy what is going on.

We have small towns in the State where $100,000 goes for one child in one town. And these kids need to be served. But asking for the Federal Government to have a national policy on this where we promised 40 percent and have only gotten up as high as 8 percent, I think that we ought to do far better in that regard.

Thanks very, very much.

Mr. SHAYS. Senator, you started this hearing well, and we really appreciate it. Thank you for all of your good work, and you truly are a leader in this area. And we thank you for that as well.

Senator DODD. Thank you, Chris.

Mr. SHAYS. We will begin our hearing with our panel. I will call them up. In the order that I call them, they will be speaking. I would invite them all to come up. As they know, they will be sworn in. In the Government Reform Committee, we swear in all of our witnesses who are part of our panels.

Our first panel includes Pat Doolan, chairman of the Connecticut Head Start Association; Elaine Liberto, director, ABCD–Head Start, Bridgeport, CT; Dona Ditrio, director, NEON Head Start, Norwalk, CT;. Jane Norgren, executive director, the Child Care Center, Stamford, CT; and Lisa Sullivan, a parent, New London, CT.

Before I ask you to stand, let me just thank the clerk of our committee, Judy McCoy, who has come from Washington to help us out. And our recorder, Fernando Mora. Our sound person, Brett Geary. Our staff on the committee, Vincent Chase, who is on our committee, and was a former State representative from Stratford who I served with and Nancy did, as well. And Cherri Branson on our committee staff, as well as Larry Halloran, our subcommittee director.

I thank them all for their help. And at this time, I would invite you to stand, and I will swear you in.

[Witnesses sworn.]

Mr. SHAYS. I would note for the record that all responded in the affirmative. And I guess that we are going to go this way. Let me just say. You heard Members of Congress speak for more than 5 minutes. So I am going to extend the same privilege to all of you. And I would say to you that we will give you a 5 minute light, and we will extend the light another 5 minutes. If you would end sometime between 5 and 10, that would be good.

The dialog that we would like between us I think would be helpful. And the dialog among you would be helpful. So your statements are important, but they are submitted for the record. I want to emphasize that this is a congressional hearing, a field hearing. It is here in the district, but we do transcribe it fairly quickly. We will be responding to it. The staff will be looking at and reading your statements closely, and important recommendations will come from it, and legislation will be the result. This is a big deal, and it is great to have you here.

STATEMENTS OF PATRICIA DOOLAN, CHAIRMAN, CONNECTICUT HEAD START ASSOCIATION; ELAINE LIBERTO, DIRECTOR, ABCD HEAD START, BRIDGEPORT, CT; DONA DITRIO, DIRECTOR, NEON HEAD START, NORWALK, CT; JANE NORGREN, EXECUTIVE DIRECTOR, THE CHILD CARE CENTER, STAMFORD, CT; AND LISA SULLIVAN, PARENT

Ms. DOOLAN. Thank you, Mr. Chairman, and members of the committee, for inviting me to provide testimony today.

In summarizing my written testimony, I would like to speak to three issues, mental health, staff development, and fadeout. The recent research on brain development supports the principles and cornerstones of Early Head Start.

Rima Shore, in "Rethinking the Brain," states that throughout the entire process of development beginning even before the birth of the child that the environment affects the brain. Scientists now know that not only is the child's development affected, but also how the actual circuitry of the brain is wired.

Shore goes on to point out that early care not only influences how a child will learn and develop, but also how they will be able to regulate their own emotions. That ability to control emotions is an interplay of the biological systems and the child's attachment to a care giver as well as the experiences of early life.

The focus of Early Head Start is on the successful development of infants and toddlers. To assure that the infant has the needed stimulation during those first critical days and years of life, there needs to be an emphasis on the mental health of both the child and the parent. Infant mental health is about family mental health. Parental mental health is essential for the child-parent bonding to take place.

In Early Head Start, there needs to be strong links between the mental health community and the staff and parents of the program. The focus needs to be on the relationship between the parent and child, the parent and the care giver, and the care giver and the child. There needs to be strong loving connections in a nurturing environment. In addition, there must be strong mental health support for care givers in addition to the parent of the child.

Staff needs to have strong support in their work, if they are to provide comprehensive services and support for the child and family. Staff mental health has a strong tie to staff development. The quality of the program is only as good as the quality of the staff.

Early Head Start staff must have a spectrum of skills, so that they will be able to provide quality and comprehensive family centered services to children and families.

To maintain and continuously improve the quality of our programs, we must be ready to invest in staff development. The statement of the advisory committee on services for families with infants and toddlers points out that staff development of line staff and supervisors should include training, mentoring, coaching and supervision. This will prepare staff to function as part of an integrated team that includes staff, parents, and community partners.

This leads to the issue of fade-out of Head Start achievement. In "Early Educational Intervention With Disadvantaged Children—To What Effect?", Ramey and Ramey point out that positive learning experiences are not sufficient in themselves to ensure that a child will be able to perform well through all of their school years. "Poor school environments, suboptimal health, a seriously disrupted home environment, and many other conditions are known to influence the behavior of children of all ages."

They further point out that any study that looks at the long-term effects of early intervention must look at the environments and experiences of the child following the intervention.

A.J. Sameroff, in "Models of Development and Developmental Risk," talks about the relationship between the capabilities of a person and the stress and support that is available in their environment. When we are talking about the development of children, we must consider the impact of the environment on the child.

Sameroff points out that children who experience a poor family and social environment at 1 with no change in that environment by the time the child is 13 may have a reduced ability to achieve a high level of competence. He further states, "Whatever the capabilities provided to a child by individual factors, it is the environment that limits the opportunities for development." What Sameroff is saying speaks directly to the issue of fadeout. Intervention is necessary as long as the risk remains.

Thank you.

[The prepared statement of Ms. Doolan follows:]

EDUCATION CONNECTION

Subcommittee on Human Resources
Christopher Shays, Chairman
February 19, 1998
Testimony of Patricia F. Doolan, Director
Litchfield County Head Start
EDUCATION CONNECTION, Grantee

The recent literature on brain research talks about the importance of early intervention in the life of a child. Those of us who are Head Start providers have learned that sometimes, when we enter a child's life at three or four, we are entering three or four years too late. We know that had we been a part of the life of that child and his/her family at an earlier point, we would have provided services to support the family in providing their child with a healthy beginning. Early Head Start is the opportunity to provide community based services to disenfranchised families.

Early Head Start is a comprehensive child development program that provides continuous, intensive services and family support for the children, three and under, of families who are income eligible. The program is able to provide both the home-based as well as center-based options for the family. One of the strengths of the program is the link with community providers especially in the areas of health, mental health and birth to three early intervention services.

The four cornerstones of Early Head Start, child development, family development, community building and staff development address the essentials of a successful program. In addition, the present Performance Standards outline what services must be provided for children and families during their participation in the program. The Performance Standards are the foundation upon which Head Start programs are built and evaluated.

The Performance Standards have stood the test of time and I believe will continue to do so. Programs who over time fail to meet these standards can, and in the past have been, defunded. There are other accreditation processes, such as National Association for the Education of Young Children, that are used to measure the quality of child development programs but none will defund a program if it fails to meet their standards. Performance Standards do not guarantee quality. What I believe they do is to give all programs a measure by which we can continually work to enhance the quality of our programs. In addition, there is support for programs who are struggling from the regional TASC and the program specialist assigned to a program by the Administration for Children

The emphasis of Early Head Start is on the successful development of infants and toddlers. To assure that the infant has the needed stimulation during those first critical days and years of life, there needs to be an emphasis on the mental health of both the child and the parent. Infant mental health is about family mental health. Parental mental health is essential for the child/parent bonding to take place. This successful bonding will then provide the entrée into the family.

In Early Head Start there needs to be strong links between the mental health community and the staff and parents of the program. The focus needs to be on the relationship between the parent and the child, the parent and a caregiver and the caregiver and the child. There needs to be strong loving connections in a nurturing environment.
In addition, there must be strong mental health support for caregivers in addition to the parent(s) of the child. They need to have strong support in their work if they are to provide comprehensive services and support for the child and the family.

The staff mental health has a strong tie to staff development. The quality of the program is only as good as the quality of the staff. Early Head Start staff must have a spectrum of skills so that they will be able to provide quality, comprehensive, family-centered services to children and their families. By January 1999 all Early Head Start teachers must have a CDA, AA or BA in Early Childhood, Infant Toddler. This presents some interesting challenges. Very few colleges have this particular discipline. Programs will have difficulty finding staff to meet these requirements. In addition, the field of early care and education demands a great deal of the staff but salary is not commensurate with expectations. Many Head Start staff is themselves eligible for Head Start services due to the low pay scale in the field.

To maintain and continuously improve the quality of our programs, we must be ready to invest in staff development. The *Statement of the Advisory Committee on Services for Families with Infant and Toddlers* points out that staff development of line staff and supervisors should include training, mentoring, coaching and supervision. This staff development will prepare staff to function as a part of an integrated team that includes staff, parents and community partners.

What is critical to all of this is the fact that quality costs money. If we are to provide quality, ongoing training for staff we must be ready to invest real dollars. When looking at the cost of Early Head Start and even Head Start we must realize that we are really looking at what is the cost per family not just the cost per child. The focus is always on the child but we must recognize that every child is part of a family. We must never forget that quality costs money whether we are talking about a child and his/her family or we are talking about a car. It is all about the investment that we are ready and willing to make.

The recent research on brain development supports the principals and cornerstones of Early Head Start. Rima Shore in *Rethinking the Brain* states that throughout the entire process of development, beginning even before the birth of the child, the environment affects the brain. Scientists now know that not only is the child's development affected but also how the actual circuitry of the brain is wired. Shore goes on to point out that early care influences not only how a child will learn and develop but also on how they will be able to regulate their own emotions. That ability to control emotions is an interplay of the biological systems and the child's attachment to a caregiver as well as the experiences of early life.

Early Head Start is about intervention, not only in the life of the child but also in the life of the parent. Shore points out that studies time and again have shown that "well designed, timely intervention can improve the prospects-and the quality of life-of many children who are at risk of cognitive, social, or emotional impairment." When comprehensive services are introduced into a family, the family has the opportunity to provide effective parenting for their child. This does not mean that within a year all will be well. For our most vulnerable families it may take more than one or two years before they are ready to be self-sustaining and life-long learners.

This leads to the issue of "fadeout" of Head Start achievement. In *Early educational intervention with disadvantaged children-to what effect?*, Ramey and Ramey point out that positive learning experiences are not sufficient in themselves to ensure that a child will be able to perform well through all their school years. " Poor school environments, suboptimal health, a seriously disrupted home environment, and many other conditions are known to influence the behavior of children at all ages." They further point out that any study that looks at the long term effects of early intervention must look at the environments and experiences of the child following the intervention.

A.J. Sameroff in *Models of Development and Developmental Risk* talks about the relationship between the capabilities of a person and the stress and support that is available in their environment. When we are talking about the development of children we must consider the impact of the environment on the child. Sameroff points out that children who experience a poor family and social environment at 1 with no environmental change by the time the child is13,may have reduced ability to achieve a high level of competence. He further states "whatever the capabilities provided to a child by individual factors, it is the environment that limits the opportunities for development." What Sameroff is saying speaks directly to the issue of fade out. Intervention is necessary as long as the risk remains.

Last year Litchfield County Head Start submitted an Early Head Start proposal to the Head Start Bureau. As of today we have not received a grant. We have already begun to work with staff, parents and community partner to prepare a proposal for submission this year. Our proposal will address a seamless system of Head Start as reflected in the Performance Standards. A seamless system will utilize what already exists in Head Start and expand the services and possibilities for families with children between the ages of 0 and 5.

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Mr. SHAYS. Pat, thank you.

Elaine.

Ms. LIBERTO. Congressman Shays, and honorable members of the Subcommittee on Human Resources, and guests, I am Elaine Liberto, director of Head Start and Child Care for ABCD, Inc., in Bridgeport, CT. I oversee a program which serves over 700 children and families in and around Bridgeport, the largest city in Connecticut.

In this summary testimony, I will first, urge the subcommittee to protect funding for Early Head Start and Head Start. And second, demonstrate Bridgeport's need for early child care services. And third, will comment on findings in the field of brain research and child development.

There is an old adage that says that an ounce of prevention is worth a pound of cure. Are we not fortunate that Head Start speaks to the issue of prevention, and in fact has a proven track record for success in areas associated with reduction of teen pregnancy, reduction of incarceration, and reduction of reliance on public assistance.

Parents who may not be able to provide the stimulation and positive early childhood experiences, which absolutely are necessary for the child's growth and future success, are offered the opportunity through Head Start's comprehensive program.

For example, we offer a family literacy program run in corroboration with Fairfield University. This program provides a total literacy-rich classroom environment, and involves parents as parents. All components promote language development and communication between child and parent.

Now as most people are moving off the welfare roll, providing quality child care will be key to helping parents make this transition. But the cost of doing this is not cheap, however. Some studies have shown that every dollar that we spend on prevention saves us $5.

What makes Head Start different from other approaches to child care? Well, the Head Start model takes a holistic approach that encourages empowerment and self-sufficiency as major goals. By providing quality comprehensive services to children and families in an efficient cost effective model, Head Start addresses some of the underlying causes associated with poverty.

In my written testimony is a personal account written by one of ABCD's senior staff, a former welfare mother and now one of Bridgeport's most prominent community leaders. Marge Powell, I would like you to stand up, please. [Applause.]

Marge is a leader of the citywide parent leadership organization. Her story demonstrates the long-term impact on the lives of children, families, and on the entire community.

Are you aware that a third of Bridgeport's children live in poverty? There are 7,000 under 3 years of age in this city, but there are only 336 child care spaces for this age group. For those lucky enough to find a slot, child care costs represent one-third of the family's budget. It is really sad that the largest child care provider in Connecticut's largest city that ABCD has no slots for infants and toddlers ages 0 to 3.

Imagine taking several buses adding 2 to 4 hours of transportation time to drop and pick up your children at several locations. What support are we giving to parents? Co-location of services is important for family stability and for the success of welfare reform.

On the issue of fade-out, can Bridgeport's low mastery test scores in comparison to surrounding towns be attributed to the fadeout effect on Head Start? Hardly. Not when only 50 percent of Bridgeport's children attend preschool before kindergarten compared to 95 percent of Bridgeport's closest neighbors. Not when nationally Head Start children are more likely to attend elementary schools of lower quality than their peers.

Our challenge today is to help children retain the Head Start that they receive. To that end, child care needs to be run by a business, meeting the consumer's needs, and providing quality and comprehensive services to children and families in an efficient and cost effective model. This means investing in resources that are our children, our parents, and our staff.

I will close by calling the committee's attention to research in early brain development. The Head Start Program is in a key position to help millions of low income families understand how to give their newborn the stimulation needed to develop socially, intellectually, and to become happy, healthy, and productive people.

Early Head Start will be a pioneering program just as Head Start was in the decade of the 1960's. We must not be asked to choose between infants and toddlers and 3- to 5-year-olds. We need both programs, if we are serious about investing for the future.

Support these Head Start programs and their integration. Invest in low income families' neighborhoods and communities to meet our Nation's challenge to be the kind of country that we all dreamed and we hope we can become.

Thank you for the opportunity.

[The prepared statement of Ms. Liberto follows:]

Congressman Shays, honorable members of the Subcommittee on Human Resources, distinguished panel members and guests. Thank you for the opportunity to address the Subcommittee on the subject of Early Head Start: Goals and Challenges. I am Elaine Liberto and I am proud to serve as the Director of Head Start and Child Care for ABCD, the Community Action Agency serving a six-town area of Fairfield County, Connecticut. In my capacity as Director, I oversee a program which reaches 700 children and families in and around Bridgeport, Connecticut's largest city.

My testimony will address three key areas. They are:

1) **the advantages of Early Head Start and Head Start for low-income children and families;**
2) **the need to protect funding for Early Head Start so that low-income infants, toddlers and families in Bridgeport and other areas of Connecticut will benefit; and**
3) **Early Head Start's central position in advancing our knowledge about new finding in the field of child development and translating knowledge into practice.**

The Head Start program is unique among the federal initiatives undertaken during the Kennedy-Johnson era and the War on Poverty. From its beginning in the late 1960's, Head Start has been an ambitious program. Over the last 30 years great strides have been made to shape Head Start into a dynamic and comprehensive approach to preparing low-income children and families for school success by getting children off to a better start *before* they entered the formal educational system. From the early days of "Operation Head Start", a summer program, Head Start is now synonymous with school readiness, parent involvement and community partnership.

I will argue that Early Head Start will bring about even greater gains for children and families by providing communities with the opportunity to expand, enhance and create accessible and affordable programs of high-quality child care built on the same solid philosophical and pedagogical base as the Head Start program. Early Head Start will be the most important federal initiative to help low-income parents take advantage of breakthrough research findings on child development such as we are seeing this decade in areas of brain research. Without Early Head Start, poor children will be deprived of the benefits of this research.

The new Head Start Performance Standards enacted this year take a giant step toward creating a seamless transition for infants and toddlers from child care to preschool - birth to five years. These Performance Standards set higher goals for families and care-givers alike and offer the kind of guidance to staff which will ensure a higher quality of child care than is usually found in non-Head Start settings. Early Head Start is superior in many ways but particularly admirable is the emphasis on consistency of care, communication and language development, and the building of relationships between child, child-care provider and parent. In addition, private day care programs are unable, unwilling, or cannot afford the cost of dealing with the myriad of social service issues which surround low-income urban families and which are central to the Head Start approach.

While the new Performance Standards address critical child needs such as child health and development, education, nutrition, and safety, they do not neglect the context of the child within the family and the community. Furthermore, the new Performance Standards give clear and concrete direction for the management and governance of the program by requiring written policies that define the roles and responsibilities of all parties.

In order for this nation's welfare reform initiative to succeed, we must make quality child care services available and affordable to parents. Fees for Early Head Start and Head Start can be lower for poorer families due to the sliding scales made possible through federal support. Parents will be relieved to find they can take their infants, toddlers and pre-schoolers to one location rather than shuttle around town to their various child care sites while they work or seek employment and training. In a city and region such as ours where public transportation does not meet the needs of families, many of our parents - often single mothers - must take as many as three local buses to deliver their children to child care - all before the work day begins at 8 or 8:30 AM. Again at the end of the day, the same mother and children will ride three buses before they return home in the evening. By co-locating Early Head Start and Head Start programs, real barriers facing low-income parents who are starting off in the world of work will be reduced.

In an Early Head Start setting, very young babies will find the same child care worker who provides a warm and predictable routine each day, helping the infant cope and adapt to the abrupt separation brought on by a mother's need to work. The development of early coping skills in infants and toddlers is a predictor of later social adaptation and successful learning within the home, school and community. At ABCD, we value the *Creative Curriculum for Infants and Toddlers* being developed by Washington-based "Teaching Strategies" (see sample curriculum in Attachment 2). This set of curriculum is supported by Head Start to bring high quality teacher and staff training and preparation to the Early Head Start program. Even though ABCD has not yet received an Early Head Start award, we are working to integrate the Early Head Start performance standards into our existing child care program.

Connecticut is the wealthiest state in the country and Fairfield County is the wealthiest county in the state. Yet, one out of three children in Bridgeport is poor and more than 13,000 children were living in families receiving welfare when the state implemented its strict welfare reform legislation in 1996 (Bridgeport Child Advocacy Coalition, 1997).

In Connecticut, one out of ten children is poor and 102,000 children are living in families receiving welfare. While state-wide 10.7% of all Connecticut children under 18 years are classified as poor, the percentage of poor children of African-American heritage climbs to 28.9% and jumps again to 41.2% for children of Latino heritage (Children's Defense Fund, 1996). According to the US Department of Commerce, Connecticut evidences the widest disparity of income between rich and poor of any state in the nation.

The "two Connecticuts" phenomenon evidences itself in the high preponderance of racial and ethnic minorities living in Connecticut's three largest cities of Hartford, New Haven and Bridgeport. Bridgeport, the state's largest city, ranks lowest in per capita income in the region and ranks at a low of 167 of the 169 municipalities in the state. For a state with the number one ranking in per capita income in the country, Connecticut ranks a poor 23rd in the nation for low-birthweight births as a percent of all births and 16th in its infant mortality rate (Children's Defense Fund, 1996).

Connecticut mirrors the trend in the United States over the last 20 years toward an increasing birth rate among unmarried teens ages 15 through 19. In Connecticut, the percentage of teen births that were to unmarried teens is nearly as close to that of Washington D.C. (80.6 versus 93.9%) as it is to neighboring Vermont (80.6 versus 70.1%). Of the 35 states that show an increase in adolescent childbearing over the decade between 1980 and 1990, Connecticut is among the top four largest increases at 28.5%. The other largest increases were seen in California (34.1%), District of Columbia (53.5%), Michigan (31.6%) and Rhode Island (35.2%) (Children's Defense Fund, 1996). Recent data shows that in the past five years, Connecticut's teen birth rate has climbed 53%. Over the same period, other negative trends for teens include an increase of 20% in teen deaths by accident, homicide and suicide; and juvenile violent crime arrest rate increased by 53% (Annie E. Casey Foundation, 1997).

Clearly, life for many of Connecticut's children is getting worse over the past decade. The negative social indicators for children are correlated closely with the number and circumstances of children living in poverty in the state. Connecticut ranks squarely in the middle of the 50 states in the nation in the percentage of children living in poverty.

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Bridgeport's children run a one-in-five chance of being born to a teen mother, twice that for the state as a whole. According to Bridgeport's Department of Health, in 1994, there were 451 babies born to teen mothers, 228 babies born with low birthweight and 47 babies born with very low birthweight - these negative outcomes are all ones addressed by the Early Head Start performance standards.

Welfare and Temporary Assistance to Needy Families

In Bridgeport, there were 18,616 AFDC recipients in 1996. Connecticut now has one of the nation's most stringent plans for reforming Aid to Families with Dependent Children (AFDC). Time limits for receiving AFDC were implemented in January, 1996, mandating a 21-month limit for employable recipients. Beginning in October 1997, Connecticut's first welfare recipients began loosing benefits as their cases came up for renewal. With every month after October, thousands of former-welfare families faced the months ahead without financial security unless they had become employed or entered a recognized training program. All able-bodied adults are expected to find jobs, this, in a region where high skilled technical jobs are plentiful but high skilled workers are not.

The Connecticut Department of Social Services estimated that approximately 25,000 new families receiving public assistance will need child care over the next two years (DSS, 1997).

According to the Bridgeport Child Advocacy Coalition, "studies show that children from low-income families who participate in quality early childhood programs are less likely to repeat a grade, be referred for special education or become teen parents, and more likely to graduate from high school, be employed and have higher incomes than their peers who did not attend such programs." Bridgeport , however, has no Early Head Start programs.

Recent statistics from ABCD's Head Start parent data showed that nearly 70 percent receive some form of public or governmental assistance. Only 24% of ABCD's child care parents were working full-time in 1996. Another 16% were in training, and a full 70% of the unemployed parents were looking for work.

Since the advent of welfare reform, ABCD's staff is observing an increase in stress experienced by parents as they struggle with the requirements of work and child care, particularly among those parents least well equipped to command a living wage. Single mothers are particularly vulnerable. Staff are alert to suicidal ideation and must make rapid referrals for counseling.

Our Family Workers are available and trained to work one-on-one with parents to develop a family plan which helps parents review their options and set personal and family goals. Often, these are the first plans an individual parent has articulated but they are powerful none the less. One single mother recently outlined her welfare-to-work goals for a job, an apartment with a yard, and a car.

School Readiness

A study released in January 1996 entitled "Bridgeport School Readiness", represented a significant review of early childhood education in Bridgeport. The State Department of Education, in collaboration with the Department of Social Services, the CT Commission on Children, and the Graustein Memorial Fund, formed a partnership to address school readiness in Connecticut. Along with the state's two other largest cities, Hartford and New Haven, Bridgeport was awarded a planning grant to carry out the research. Both the Committee Chair, and Co-Chair served on ABCD's Community Assessment Committee to study Head Start expansion needs.

The final report states that over 50% of Bridgeport kindergarten students do not have preschool experience (Bridgeport School Readiness Task Force, 1996). Fewer Bridgeport children have preschool experience than their suburban or state-wide counterparts. The following table shows that state-wide 68 percent of children have some pre-school experience and in three of Bridgeport's suburban neighboring towns, the percentage jumps to a high of over 90 percent of children with preschool experience.

Percent of Kindergarten students not attending preschool (1993/1994)

Bridgeport	**51.6**	**Monroe**	**6.1**
Fairfield	**7.5**	**Stratford**	**27.8**
Trumbull	**7.6**	**State-wide**	**32.0**

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The Bridgeport School Readiness Report gives the following demographics of Bridgeport's children 5 years of age and under:

Age, 1990 Census	# of Children
Under 1 year	2,070
1 and 2 years	5,253
3 and 4 years	4,521
5 years of age	2,169
Total	**11,252**

Family and home-based child care is available throughout the city of Bridgeport. The Greater Bridgeport Family Day Care Association, an organization comprised primarily of licensed family child care providers, is the largest family day care association in the State of Connecticut. Nearly 600 children are served by its 100 licensed providers. There is, however, a perceived need to improve the quality of the child care provided in order to encourage parents to utilize this service which is clearly a cost effective alternative given that center-based care is in short supply as seen below.

Services and resources available in Bridgeport:

Type of service	Number of slots*
Head Start	700
Day Care	170
School-based	608
Private nursery	1,381
	2,859

*(*Source: Bridgeport School Readiness Report, 1994-95 data, not all are licensed slots)*

Of the preschool spaces available in Bridgeport, only 336 spaces exist for the more than 7,000 infants and toddlers. Even when infant and toddler care is available, private nursery and day care is costly on an hourly, monthly or yearly basis. The State of Connecticut Board of Education, in its *1996 Early Childhood Agenda*, estimates that a parent must work 40 hours per week at $4 per hour to pay for infant/toddler child care and $2.88 an hour to pay for preschool child care costs alone (CT Department of Education, 1996). One popular private day care center which previously served 62 low-income children closed last year citing inability to meet its operating costs in an area which could not charge market-rate prices because target families could not afford to pay for the actual cost of services. This is indicative of the difficulty in reaching low-income families with quality services. All Head Start classrooms in Bridgeport have a waiting list.

Child care in Bridgeport costs an average of $440 per month and can consume as much as one-third of a family's budget representing the single largest expense after housing, food and taxes for working parents (Bridgeport Child advocacy Coalition 1997). The State of Connecticut's Department of Social Services pays a maximum rate of $140 per month in Southwestern Connecticut even as a Head Start five hour daily program costs the family $225 per week.

Last year the Connecticut State Legislature allocated new funding for the state's urban areas to expand preschool classes through their priority school districts under an act entitled "Act Concerning School Readiness and Child Day Care." This budget action was partly due to a recent State Supreme Court action (Scheff v O'Neill) mandating steps toward desegregating the state's urban schools. The activity generated by the Bridgeport School Readiness Report was also a factor in bringing attention to the crisis currently existing for low-income families with young children. (See Attachment 1, Connecticut Post articles, June 1, 4 and 5, 1997). Bridgeport was allocated 383 new full-day slots for children ages three to five years through Connecticut's School Readiness initiative.

In Connecticut, licensed day care facilities have room for 120,354 children. However, 317,237 children need day care, according to the state's Legislative Program Review and Investigations Committee (Connecticut Post, 1997). With only 10% of Bridgeport's children in licensed day care, the need is critical for low-income parents facing the 21 month welfare reform time limits which began dropping people from the benefit pool in late 1997.

Clearly, Bridgeport's children and families need both Head Start and Early Head Start programs. It is imperative that the $90 million in anticipated federal funding be maintained for the Early Head Start program. Last year over 650 proposals were received and only 30 grants were awarded. ABCD was one of the applicants that has not yet been able to open its Early Head Start program due to lack of funding. We urge the Subcommittee to support the set-aside for Early Head Start and protect this funding. Nor should we allow the Head Start allocation to be drained to support expansion of Early Head Start since we must stand fast in our commitment to quality child care for all children birth to five - we cannot be asked to choose between the two.

Earlier, I referenced the need for continuity of care for very young children in child care. In order to attract, train and retain well qualified teachers for Head Start and Early Head Start, we must be willing to pay professional salaries. This year ABCD

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increased its entry level teachers' wage from $8 to $10 per hour. While a great improvement, our entry salary of $18,300 still lags far behind the $30,000 starting salary for a teacher hired by the city's Board of Education. Keeping the critical issue of "do no harm" in mind, infants may also be helped by starting them off in Early Head Start on a gradual basis, that is increasing the number of days per week (with their accompanying separation problems) slowly over the course of time. Such a schedule would also be less disruptive to the mother-child relationship. However, these child-centered techniques do cost more money but they are better for the infant and young child.

The new Head Start and Early Head Start Performance Standards place great emphasis on literacy and the importance of reading to a child at least three times a day. At ABCD, we are anxious to expand our very successful Family Literacy Project to the birth-to-three group which would be served in an Early Head Start program. Two of the most pressing problems facing both our nation and out local communities are the high rates of illiteracy in adults, particularly parents of young children, and the deficits in school readiness skills seen in their children (Boyer, 1991). ABCD's Family Literacy Project is a collaborative effort with nearby Fairfield University, is supported by private funding, and uses university students as "literacy tutors" for preschool-age children in their Head Start classrooms and weekly group training workshops for the parents. This project is an integrated approach to "a total literacy environment" through the Head Start experience. During the 1994-1995 and the 1995-1996 project years, the Family Literacy Project reached 780 Head Start preschoolers, and involved 60 Head Start parents, 72 Head Start teachers, and 275 university student tutors. An evaluation of the program after two years provided evidence of the project's short-term success. Parents reported a sense of increased competence and increased self-esteem. They reported increased amounts of time as well as increased "quality" of time spent with their preschoolers engaging in conversation, specific language-enhancing activities, and book sharing. Increases seen in the children's language scores were six months or more greater than those seen in matched controls. Teachers unanimously reported satisfaction with the individualized tutoring being made available to preschoolers in their classrooms and both teachers and parents reported gaining greater motivation for higher education as a result of the positive interaction with the student tutors (Edmonds et al, 1997).

Clearly, no single short-term intervention is enough to combat the tremendous negative impact of illiteracy and poverty but ABCD views this program as a powerful first step. In future months and years, ABCD will expand the family literacy project beyond the classroom boundaries to the homes of children we serve through more lending libraries and home-based literacy activities for the whole family.

Does Head Start have immediate positive effects on children's cognitive ability?

Studies are virtually unanimous in reporting that children show significant immediate gain as a result of Head Start (McKey et al. 1985). Research undertaken in Philadelphia concluded that "the long-term impact of Head Start is in reducing school failure" (Copple et al. 1987). Over the years, other studies have questioned the long-term benefit of Head Start when former Head Start students scored no higher on certain standardized tests than children who had no pre-school experience (Federal Register, 1991). To investigate this so-called "fade-out" effect, HHS sponsored the Head Start/Public School Early Childhood Transition Demonstration Project (Hellerich-Tuttle et al. 1996). This study was one of a number which concludes that students who had made gains as a result of Head Start struggled to maintain those gains as they transitioned to public schools of lower quality (see also Lee and Loeb, 1995).

Bridgeport has no research on the "fade out" effect but it is clear that Bridgeport's urban school children in grades 4, 6, and 8 fall below their peers from more affluent suburbs in mastery test scores as seen in the table below:

Connecticut Mastery Test Overall Results

1994-1995

Percent students at or above state goal

District	**Reading**	**Writing**	**Mathematics**
Bridgeport	20.4	16.3	15.0
Fairfield	70.3	49.5	70.0
Monroe	64.0	46.3	60.3
Stratford	61.5	34.4	49.2
Trumbull	72.9	56.1	72.4
State Average	**54.0**	**40.2**	**80.3**

Source: Bridgeport Child Advocacy Coalition: a parent's guide to the Bridgeport school budget.

The disparity in test achievement evident in the comparison above cannot possibly be explained by "fade-out" when so few of Bridgeport's 17,000 elementary students have ever had the advantage of Head Start and none has enjoyed an Early Head Start experience.

The US Department of Health and Human Services carries out an important function in supporting research into the effects of Head Start on children, families and

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communities. Professionals and academics concerned with child care and child development will look forward to new information coming from research on the effects of Early Head Start/Head Start combination for children who are fortunate enough to go through both programs. I would also advocate that greater attention be paid to Head Start's impact on the community. For example, at ABCD a full one-third of our Head Start staff are former or current Head Start parents. The meaningful involvement of Head Start parents in their child's education and setting policy for the program leads many to set and achieve personal goals for themselves which might have been impossible without involvement in the Head Start program. Attached to my written testimony is a brief personal story by ABCD's Assistant Director for Social Services and Parent Involvement, herself a former Head Start parent. Ms. Powell, a well-known and highly respected leader in Bridgeport has been influential in the city-wide movement for parental empowerment. Her efforts and those of women like her have had significant effects on all the major institutions and sectors of the city. Indeed, rather than any "fade-out" of the effects of Head Start on them, these parents have grown more knowledgeable, confident and effective in positively influencing the broader community and inspiring other low-income parents and families to reach higher. I hope you will read her account contained in Attachment 3. I believe the positive effects of parental involvement that many of us have witnessed will, no doubt, hold true for even younger mothers and fathers of Early Head Start infants and toddlers.

I would like to close by pointing to scientific findings on the need to stimulate babies brains. Over the last several years a handful of foundations and charities have begun drawing on research that has found that a child's experiences in the first three years have a deep and lasting effect on how the brain develops and functions (The Chronicle of Philanthropy, 1998). Until recently, it was not widely believed that the brains of human infants could be so active and so complex. Nor did we realize how flexible the brain is. Only 15 years ago, neuroscientists assumed that by the time babies are born, the structure of their brains is genetically determined. They did not recognize that the experiences that fill a baby's first days, months and years have such a decisive impact on the architecture of her brain, or on the nature and extent of her adult capacities. Nor did they appreciate the extent to which young children actively participate in their own brain development by signaling their needs to caregivers and by responding selectively to different kinds of stimulation.

Today, thanks in part to decades of research on brain chemistry and sophisticated new technologies, neuroscience is providing evidence for assertions that would have been greeted with skepticism - if not outright disbelief - ten or twenty years ago (Shore, 1997 - see summary in Attachment 4).

Policy makers and practitioners in many field will need to deal with the implications of this research in making decisions about resource allocation for early childhood, elementary, secondary and higher education. Instead of talking about children in terms of warehousing, we will need to begin talking about hard wiring. President Clinton's budget proposal for 1999, seeks $21.4 billion in subsidies and tax breaks for child-care programs. The Head Start Bureau is in a key position to assure that low-income children will receive the intensive care they need to develop emotionally and socially by bringing the fruits of this research into homes, Early Head Start and Head Start centers and classrooms through continually refined performance standards. Most importantly, by involving the whole family, Head Start will guide parents in fulfilling their central role in helping their children reach their full potential for the 21st century.

Thank You.

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CONNECTICUT POST Wednesday, June

School funds win approval

By LINDA CONNER LAMBECK
Staff writer

HARTFORD — With about $50 million in child-care funds to stem the tide, the General Assembly was preparing Tuesday to give itself five years to respond fully to a court order to improve and desegregate urban public schools.

The House voted 148 to 0 to approve the new funding that over the next two years will also provide more child-care places for children in the state's major urban areas, and offer relief to poor families in other parts of the state.

The bill is headed to the Senate, where passage is expected.

"This is one of the most sound investments this state could make," said Rep. Cameron Staples, D-New Haven, co-chair of the legislature's Education Committee.

"To, me this is what it's all about," said Rep. Lawrence Cafero, R-Norwalk. "From day one, early childhood has been on everyone's list."

The list is the compilation of ideas lawmakers have been debating all session to answer the decision in the landmark 1996 Sheff v. O'Neill desegregation case.

The state Supreme Court ruled that the segregated and poor conditions in Hartford public schools deny students education they are guaranteed under the state constitution.

Hartford schools have the highest dropout rate and the lowest test scores. About 95 percent of Hartford students are minorities. In surrounding suburban school districts, most students are white.

While other Sheff measures were still waiting to be debated late Tuesday, the child-care bill received almost universal praise from lawmakers as "the great equalizer" for sending children to school prepared to learn.

In suburban communities, 90 percent of children go to school with preschool experience while in urban districts, at least one third do not. Numerous studies show that students with preschool experience do better in school regardless of race or family income.

Under the adopted plan, a combination of new and existing money would be used to offer preschool subsidies to poor families.

Officials aren't sure how many needy 3 and 4 year olds will benefit from the legislation. But supporters said it is a start and Staples said the legislation does more than spend money.

The plan will force the state's departments of Education and Social Services to work together to coordinate, improve and expand services. Such a cooperative venture is already under way among local education and social service agencies in Bridgeport.

In addition, the plan will encourage child-care centers to become full-time, year-round facilities and provide better training for child-care workers. Loans would be provided to help more centers open and public schools would get construction bonuses if they add space for pre-school children.

The state budget approved by the House and Senate Tuesday includes $40 million next year (on top of $50 million in child-care funds) toward programs to improve and integrate urban schools. The $90 million is $27 million more than Rowland had proposed spending.

Late Tuesday, Rowland threatened to veto the budget.

Another new section in the Sheff proposal would create a five-year-plan to level the playing field among schools in terms of staffing, resources, curriculum and community involvement. A progress report would be made each year to the legislature through 2001.

Rep. Ernest Newton, D-Bridgeport, said the five-year plan is something minority lawmakers wanted because it will ensure the issue is kept on the agenda.

"It says they can't stall, they have to do something," he said.

Staples said the assessment will prove significant if it can tell lawmakers how best to equalize schools longterm.

But Cafero, who spent five months studying the issue as a member of the Governor's Educational Improvement Panel, says the study amounts to passing the buck. "It's time to do something, now, not pass it off again," he said.

Staples said he's not sure if the efforts, if approved, are enough to satisfy either the plaintiffs or court.

Earlier in the session, the General Assembly passed and the governor signed into law a bill to allow the state to assume control of Hartford's public schools.

Lawmakers praise child-care package

Far less unanimity is expected when legislators take up debate on other parts of the Sheff package.

Under consideration is a proposal to allow students in Bridgeport and New Haven starting in 1998 to enter a lottery to attend schools outside their home district. Such a program already exists in Hartford. Conversely, special "lighthouse" schools would be developed in urban areas to attract suburban students.

Rep. Edna Garcia, D-Bridgeport, said what's new in the Sheff plan is the level of funding.

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CONNECTICUT POST
Incorporating The Bridgeport Post and The Telegram and The Valley Sentinel

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June 5, 1997   *Page A8*

EDITORIALS

Response to Sheff a fine initial step

It may not have resolved the budget issues needed to fund the proposals, but the 1997 General Assembly took a commendable and reasonable first step toward meeting the Sheff vs. O'Neill mandate.

Before its adjournment at midnight, state lawmakers completed passage of a $90 million package of bills aimed at Sheff and other education-related initiatives.

Most important, lawmakers put their stamp on early childhood education and day-care programs as the best way of approaching the problem of segregated public schools in many of the state's urban areas.

'97
Legislative Session

Other facets of the package include establishing four regional "lighthouse" schools in Bridgeport, New Haven and Hartford and expanding funding for family resource centers in schools, reading and summer school programs and charter schools.

In addition, the measures set up and require a five-year plan to level the playing field between rich and poor school districts with submission of state Department of Education studies and progress reports to the Assembly each year.

The proposals would cost about $90 million, about double what Gov. John G. Rowland originally recommended, but most of the bills had bipartisan backing in floor votes which indicates the package is acceptable to him.

The five-year plan was an initiative from the Black and Puerto Rican Caucus in the Legislature and is an excellent tack because it commits the state to a long-term solution to integrating Connecticut's urban schools.

It is the expansion of early childhood programs that is the key to the Sheff response, however. This has been a recurrent theme in the *Connecticut Post's* "Youth At Risk" news series: Children engaged in preschool educational experiences continue to do better in schooling regardless of race or family income.

Groups such as the Bridgeport Children's Advocacy Coalition have urged early childhood education programs for years but until now lawmakers have only appropriated modest funding for such programs.

The Sheff package approved in the Assembly's closing hours greatly expands these efforts.

The package will be held hostage to an ultimate budget resolution for the next two years. However, because of the bipartisan support for the bills we doubt that the package will change.

Overall, the package is a sensible and reasonable response to Sheff. It does not burden state residents with new taxes and it provides a cautious step to the future. It is better to test many of these programs before making large-scale monetary commitments.

The package will not please everyone — some of the Sheff plaintiffs are grousing that it falls far short — but its programs will begin to meet the needs of more of the state's public school children.

The Newspaper with a Difference

FAIRFIELD COUNTY EDITION

CONNECTICUT POST.

VOL. 6, NO. 152 • 100 PAGES SUNDAY, JUNE 1, 1997 ** $1.75

Women find themselves facing the mother of all dilemmas

Who cares for the kids?

[illegible]

By [illegible]
Staff writer

[illegible]

See FOR BUSY MOMS on A10

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For busy moms, day-care dilemma not child's play

Continued from A1

[illegible]

By the numbers

In Connecticut, [illegible]

[illegible]

A way out of poverty

[illegible]

[illegible]

Taking care

[illegible]

Day-care dilemma

There are 317,237 children in Connecticut [illegible]

[illegible]

Building a safety net

[illegible]

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Attachment 2

The Creative Curriculum for Infants & Toddlers

The Creative Curriculum for Infants & Toddlers

Introduction—A Typical Day Caring for Infants and Toddlers

Planning ahead frees you to be flexible and responsive to the individual needs of children and families. (Chapter 5)

Knowing infants and toddlers allows you to meet individual needs. (Chapter 2)

Review your plans for the day.

As you walk into your center or make a cup of coffee before the first family arrives on your doorstep, run through the day in your mind.

- Collect all the ingredients for playdough.
- Plan how you will give your special attention to a child who has seemed especially quiet and withdrawn for the past two days. Make a point of talking with the child's grandmother about what she has noticed at home.

Creating a safe environment gives children a sense of security that frees them to explore the people and things in their world. (Chapter 7)

Creating a welcoming environment with interesting things to see and do encourages children to explore and learn. (Chapter 6)

Check over the environment.

In the quiet of the morning, take a good look at the space.

- Note any toys that need to be repaired or replaced. Remove the broken fire truck with the sharp edge from the shelf.
- Replace a missing outlet cover immediately.
- Hang a mobile over the changing table to give babies something interesting to see that they can touch or kick and make move.
- Put a new picture book out on the shelf to catch toddlers' interest. Remind yourself to sit down, snuggle, and read with children.

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Greet children and their families

As children and families begin arriving, welcome each one personally.

- Ask parents questions about what has happened since you were together. "When did she last eat?" "How did she sleep last night?" "What did the physical therapist say?"
- Share some of your plans for the day. "This afternoon we are going to take a walk to the park."
- Smile hello and explain you will be with an arriving family as soon as you finish changing a diaper.
- Encourage a father to have a cup of juice or to read a book with his daughter as she settles in for the day.

Exchanging information with parents forms a bridge for the child between home and child care. (Chapter 3)

Help children and families say goodbye to one another.

Be there to help children and family members separate.

- Encourage parents to say goodbye no matter how tempting it is to sneak out while their child is occupied.
- Suggest a goodbye ritual such as walking with you to the door or waving goodbye from the window.
- Invite a child's grandmother to call later in the day to see how Julio is doing.
- Reassure a toddler that mommy will come back just like she always does. Help her join in an activity you know she will like.
- Be aware that helping with so many goodbyes can stir up deep feelings from your own childhood separation experiences.

Helping parents say goodbye instead of sneaking out promotes trust, thus strengthening the relationship between parents and their children. (Chapter 11)

You build relationships with children by listening and responding to their feelings. (Chapter 1)

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Prepare and serve snacks and meals.

Serving nutritious foods will help assure children's good health today— and tomorrow. Food habits begin at birth. (Chapter 8)

Whether you do the cooking yourself or work in a program that has a cook, you can appreciate learning opportunities and nurturing feelings that are associated with food.

Communicating with parents about food will help you work together to build bridges between children's worlds of home and child care. (Chapter 3)

- Serve a variety of healthy foods.
- Communicate with parents. Ask about any cultural or dietary considerations. Learn about any allergies children may have, their special nutritional requirements, and food preferences. Post menus so parents know what their children are eating each day.
- Hold an infant on your lap during snack so he can enjoy all the activity. Invite toddlers to help put out plates and napkins, spread apple butter on their crackers, and pour their own juice from small plastic pitchers.

Mealtimes are wonderful learning opportunities for babies and toddlers. (Chapter 13)

- Sit with children while they eat. Talk about what they are eating and doing. Make mealtime enjoyable and a learning experience.
- Feed babies when they are hungry, not according to a preplanned schedule.

Change diapers and help toddlers learn to use the toilet.

When you change a diaper or help a child use the toilet, try looking through a child's eyes and ask yourself, "What is he or she experiencing?"

- Help children feel good about themselves and their bodies through your language and attitude. "Let's change that diaper so you will be more comfortable." "Accidents happen. Let's find you a pair of dry pants."

Taking health precautions guards against the spread of disease. (Chapter 8)

Diapering and toileting provide excellent opportunities for one-on-one time with children. (Chapter 12)

- Observe safety practices such as never leaving a child on the changing table unattended and wiping up spills to avoid falls on the hard bathroom floor.
- Wash your hands—and children's—and disinfect the changing table after each diaper change.
- Play "where is your tummy?" as you change a child's diaper.

Observing helps you recognize when a child is ready to begin working on a new skill, such as using the toilet. (Chapter 5)

- Look for signs that indicate a toddler is getting ready to be a toilet-user—e.g., staying dry for long periods of time and saying when she has to urinate or have a bowel movement.

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Encourage children to take naps.

Naptime can be a nice break from group life for children—and for you.

- Allow children to nap when they feel the need, while you play with those who are awake.
- Play quiet music or dim the lights to tell mobile babies and toddlers that naptime is approaching.
- Individualize rituals to encourage sleep based on children's temperament and preferences. Sit with one child in a rocking chair; place another in his crib and talk quietly to him for a few minutes.
- Observe health and safety precautions. Be sure each child has his or her own space for sleeping and that pillows, heavy blankets, and large stuffed animals are not placed in cribs.

Naptime helps children get the rest they need. (Chapter 14)

Individualizing routines makes children feel valued and respected. (Chapter 5)

A **safe, healthy** environment allows children to thrive. (Chapters 7 and 8)

Encourage children to explore and play.

Throughout the day, invite children to explore and play.

- Provide materials that encourage infants and toddlers to use all their senses—e.g., rattles, unbreakable mirrors, squeeze toys, texture balls, finger foods to taste and smell, fill and dump toys, simple rhythm instruments, playdough, books, and simple puzzles.
- Give the mobile a gentle push as you change an infant's diaper.
- Surprise children by adding a ribbon to the mobile hanging over the changing table or turning a table into a tent by covering it with a blanket.
- Give a child who uses crutches, the extra time she needs to move to and explore different areas of the room.
- Share your enthusiasm and pleasure in children's discoveries. "You found our new puzzle!"

When children have many opportunities to explore their world they feel competent as **learners**. (Chapters 10 and 11)

Making changes to the **environment** keeps it stimulating and challenging. (Chapter 6)

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Offer planned activities.

During the day, offer children the opportunity to engage in activities that you plan and introduce.

Individualizing activities ensures that children get the most out of them. (Chapter 5)

- Think through activities appropriate to the developmental stages of the children you are caring for. Are the toddlers ready for five-piece puzzles? Is it a good day for fingerpainting?
- Repeat an activity from the day before that children especially liked.

Art and music and movement activities can be enjoyable and promote learning. (Chapter 17 and 22)

- Choose the right time to introduce an activity. If the morning has been especially loud and hectic, bring out the playdough, and introduce homemade musical instruments.
- Be aware that what children take from an experience may be different from what you had planned. Don't be disappointed if a walk to the corner turns into watching an earthworm right outside your door.

Sharing activities with families enables them to extend children's learning at home. (Chapter 3)

- Share ideas for activities and tips for doing them with parents so they can try planned activities at home. "This is the playdough recipe we made today. The children loved it."

Clean up.

Periodically, put away toys and materials that are not being used.

- Invite children to join you as you put things away.

Clearing away the clutter in the environment helps children see what is there so they can make choices. It also makes your job easier. (Chapter 6)

- Be sure shelves and containers have picture labels so mobile babies and toddlers can help put their toys away.

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Take children outdoors.

Take children—even young babies—outdoors every day when weather allows.

Your outdoor environment invites children to use their rapidly developing motor skills and their senses. (Chapter 6)

- Set aside a shaded grassy area for small babies and quiet activities, an area with a small climber and swings, and an area for riding toys and for sand and water play in your play yard.
- Offer infants the opportunity to sleep, watch what other children are doing and enjoy the fresh air in a carriage, on a blanket, or in a snuggly
- Create safe places for mobile infants to crawl, cruise, climb, run, ride wheel toys, kick and throw balls, garden, and play with sand and water.
- Secure the straps on a stroller and insist that toddlers hold your hand when crossing the street during a neighborhood walk.

Encouraging children's explorations, while at the same time ensuring children's safety outdoors, requires your ongoing attention. (Chapter 7)

Guide children's behavior.

By helping children learn how to control their behavior, you encourage inner control and the beginning of self-discipline.

- Guide children's behavior in ways that show respect and help them feel good about themselves. "I am going to help you stop kicking. We'll find something else for you to do."
- Have realistic expectations of children's behavior. An infant is not misbehaving when he cries—he is communicating with you. Toddlers are not being selfish when they fight over the ball—they are not yet ready to share.
- Pay close attention to a child who has a tendency to hit and bite when he gets frustrated. Help him to express his feelings in acceptable ways.
- Use the environment to promote positive behavior: provide duplicates of popular toys; store pencils and other sharp objects up high; use pillows to create a safe space for infants that keeps them out of toddler traffic.

Positive relationships with children allow you to guide their behavior and help them take their first steps toward self-discipline. (Chapter 9)

You can use the environment to help address and prevent potential problems. (Chapter 6)

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Observing helps you get to know and respond to each child as a unique individual. Being aware of what you bring to observing will help assure your observations are as objective as possible. (Chapter 5)

Including parents' observations provides you with richer information about each child. (Chapter 3)

Daily observations allow you to evaluate the program and make needed changes. (Chapter 10)

Observe children.

As you watch children throughout the day, ask yourself, "What is each child experiencing?"

- Use a system for recording your observations, such as jotting notes in a notebook or on index cards.
- Observe children every day.
- Conduct both formal and informal observations.
- Talk with your director about a new child who doesn't turn to look at you when you call her name or doesn't respond to loud noises.
- Put away the push toys that children have been ignoring and take out some new toys to attract children's interest.
- Talk regularly with parents about what a child is like at home to help you get a picture of the whole child. "What does he play with at home?"
- Be aware of how your temperament might interfere with objective observations.

Respond to children as individuals.

As you plan activities and make changes in the environment, your challenge is to provide enough variety to meet the needs and interests of each child.

- Give children choices of what to do by offering a variety of developmentally appropriate activities each day.
- Share a book about dogs with a child who was fearful of dogs while on a walk.
- Be sure that each child has a "special" relationship with you—or with another adult in your setting.
- Use your observations and what you have learned from talking with parents to help you better understand each child's needs and interests.
- Plan ways to respond to a child who was born prematurely and with FAS (Fetal Alcohol Syndrome).

Observations give you an objective portrait of a child's development, interests, and needs. They are the basis for **individualizing** your program. (Chapter 5)

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Help children and families reunite and head for home at the end of the day.

As the end of the day approaches, parents and children may need you to help them say hello to one another and goodbye to you.

- Invite parents to come a few minutes early and spend some time playing with their child befor they have to leave.
- Help a parent understand their son's confusing end-of-the-day behavior. When he has a tantrum about putting on his coat, explain he may have saved his deepest feelings for them—the people he loves and trusts most of all.
- Share news of the day with each child's family. "She finished her whole bottle at 3:30." "He helped feed the fish today." "She made it all the way to the top of the climber outside."
- Be available to say goodbye to children and families individually as they leave.

Helping parents look at reuniting through their children's eyes can help build parent-child relationships. Departures are also an important time for building a bond with parents. (Chapter 11)

Reflect on your day.

Take a moment to reflect on your day, what you learned, and to note any changes for the future.

- Think about an activity that went well and who participated.
- Make notes about why the finger painting activity got out of control.
- Review your notes on individual children and think about new experiences you can plan for them.

Evaluation is a critical part of achieving a quality program. (Chapter 10)

Take care of yourself.

Only by taking care of yourself will you have the resources and energy to care for the children and families in your program.

- Learn to lift children by bending your knees to protect your back.
- Hang up artwork or a poster you like where you can see it and enjoy it.
- Eat a nutritious breakfast each day.
- Invite toddlers to join you in a few exercises each afternoon.

You are your most important resource. Taking good care of yourself enables you to do your job. (Chapter 1)

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- Talk with a friend during a break or in the evening when something is bothering you.

Meet and talk regularly with colleagues in child care and your community.

Being aware of and using community resources helps to strengthen families and enhances the quality of your program. (Chapter 4)

Being a professional means respecting the privacy of children and families, and treating them honestly and ethically. (Chapter 1)

Remind yourself that caring for babies, toddlers, and families is rewarding and demanding work that is easier and better done with the support of colleagues.

- Think about all the people who could help you with the daily questions and concerns about children and their families. This list might include your director, co-workers, members of your provider association or someone from your Child and Adult Care Food Program, and people from various social service agencies in your community.
- Call on these resources as issues arise. Discuss your concerns about typically developing children and those with special needs, always maintaining confidentiality of individual children and families.
- Figure out ways to talk with colleagues regularly, such as at staff meetings, family child care association meetings, or even monthly pot-luck dinners.
- Be aware that there are times when the best way you can support a family is by referring them to someone with the specific knowledge and skills they may need.

In your program, the order in which activities occur will vary based on the ages of the children you care for and their individual needs on a particular day. Indeed there will be many times when you will be juggling doing two or more of these activities at the same time. There is, however, one important constant: being aware of *why* you do *what* you do will help ensure that the countless decisions you make each day add up to a high quality program. Throughout the book, we will explore the ideas, strategies, and practices introduced here. By putting the *Creative Curriculum for Infants and Toddlers* into action, you can bring quality to the life of each day in your program.

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Attachment 3

A Personal Account of Head Start's Impact

Marge Powell

A PERSONAL ACCOUNT OF HEAD START'S IMPACT

Prepared by Marge Powell
ABCD
Bridgeport, Connecticut
February 1998

I have prepared this personal account for a public hearing held by the Subcommittee on Human Resources in Norwalk, Connecticut on February 19, 1998 to review Early Head Start: Goals and Challenges.

My experience in Head Start began over 23 years ago. A Head Start program began in the South Bronx in New York City when my oldest child was four years old. I knew the person in charge and she enrolled my son in the program. She told me "this is an 'experimental program' for under-privileged children...and it might not last." She explained that there were two major components to this program: one being the child's socialization skills and education to prepare them for kindergarten, and the other to involve parents in the process.

I remember being very excited because as a single parent with little or no knowledge about how to prepare my child for school, I felt this was the best way for me to learn what I needed to do. I attended Head Start parent meetings and was asked to contribute to the discussion. This both pleased and surprised me since I was a very quiet person and had no self-esteem.

I was given the opportunity to help in the classroom. This was a positive experience because I finally realized what I wanted to do with myself. I wanted to be a teacher and work with young children. Yet, I felt that this was a dream that I had...and that was that.

I went for my six-month redetermination for welfare and was told that I had to go to work in order to keep my benefits. This marked a turning point in my life because, at last, someone asked me what I wanted to do and I was able to tell her. She told me that if that was what I wanted to do then she would help me to make my dream come true. I still doubted that I had it in me to go to college and get the education I needed to realize my dream. But, she felt differently.

Whenever I felt defeated, I would return to the Head Start program where I received encouragement to keep my head up and keep on doing my best. I made the Dean's List that semester. I received a four-year degree in Education and I owe that to the people in Head Start who gave me constant encouragement and to a Social Work Supervisor who felt I could do much better than welfare. I worked in daycare for two years and, even though their philosophy was different than Head Start, I did it the Head Start way by involving parents in their child's preschool experience.

Later, I came to Bridgeport and after a year I found a job in a Head Start program as the Education Coordinator. I had never been involved in developing plans and supervising staff, but again, someone in Head Start saw in me what I didn't see in myself --the ability to do the job. I was the Education Coordinator for six years and when the Director left, I became Director / Parent Involvement Coordinator. This position gave me the opportunity to give back to Head Start what it had given me - my story to parents who did not feel they could do the things they needed to do to reach their professional and personal goals. I became the example that you can do or become all you want to be if you believe in yourself and have support from someone who cares and Head Start people care.

One of the best advantages of Head Start is that we are constantly learning new things. Procedures...skills to do the job more effectively...helping others in advocacy...working with other community organizations to make a difference in the lives of families and community...and involving parents all the way. Head Start was the catalyst that started me on the path to a future in the human-service field and it is Head Start that keeps me here.

Today, now a grandmother and foster mother, I am the Senior Coordinator for Family and Community Services for our Childcare Department at ABCD. I assess training needs of parents and provide parents with the training utilizing community resources. I assist in fostering collaborative relationships with local, state, regional and national organizations. I was co-chair of the 1997 Early Childhood Task Force for the city and current co-chair of a parent action group funded through the Annie E. Casey Foundation. I have served as president or in other board positions with local educational and social service agencies and have won numerous awards because of my community service. Whenever I give thanks, I always give thanks to Head Start first. Head Start has made a risk -taker out of me and I am making risk-takers out of parents. I even threw my hat in the political ring to run as a candidate for the Bridgeport Board of Education. While I didn't get the votes I needed, I tried.

I owe all that I am now and all of what I can yet become in the future to Head Start. Head Start has instilled in me the one thing that I can use whenever I am in doubt, and that is the knowledge that.... "I CAN - BECAUSE I AM ME."

signed Marg Powell date February 12, 1998

Attachment 4

Rethinking the Brain

Rethinking the Brain

New Insights into Early Development

Families and Work Institute

New insights into brain development suggest that as we care for our youngest children, as we institute policies or practices that affect their day-to-day experience, the stakes are very high. But we can take comfort in the knowledge that there are many ways that we as parents, as caregivers, as citizens, and as policymakers can raise healthy, happy smart children. We can take heart in the knowledge that there are many things that we as a nation can do, starting now, to brighten young children's future and ours.

Research shows that:

- Human development hinges on the interplay be between nature and nurture.
- How humans develop and learn depends critically and continually on the interplay between nature (an individual's genetic endowment) and nurture (the nutrition, surroundings, care, stimulation, and teaching that are provided or withheld).
- The impact of environmental factors on the young child's brain development is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the human brain is "wired".

Early care has decisive and long-lasting effects on how people develop and learn, how they cope with stress, and how they regulate their own emotions.

- Babies thrive when they receive warm, responsive early care.
- Warm and responsive care plays a vital role in healthy development.
- Individuals' capacities to control their own emotional states appear to hinge on biological systems shaped by their early experiences and attachments
- A strong, secure attachment to a nurturing adult can have a protective biological function, helping a growing child withstand the ordinary stresses of daily lives.

The human brain has a remarkable capacity to change, but timing is crucial.

- The brain itself can be altered - or helped to compensate for problems - with appropriately timed, intensive intervention. In the first decade of life, the brain's ability to change and compensate is especially remarkable.
- There are optimal periods of opportunity - "prime times" during which the brain is particularly efficient at specific types of learning.

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The brain 's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and lasting ed effects.

- Early exposure to nicotine, alcohol, and drugs may have even more harmful and long lasting effects on young children than was previously suspected.
- Many of these risk factors are associated with or exacerbated by poverty. For children growing up in poverty, economic deprivation affects their nutrition, access to medical care, and safety and predictability of their physical environment, the level of family stress, and the quality and continuity of their day-to-day care.

Evidence gathered by neuroscientists and child development experts over the last decade point to the wisdom and efficacy of prevention and early intervention.

- Well designed programs created to promote healthy cognitive, emotional, and social development can improve the prospects - and the quality of life - of many children. The efficacy of early intervention has been demonstrated and replicated in diverse communities across the nation.

Where Do We Go From Here:

- First, do no harm.
- The principle that guides medical practice should also apply to policies and practices that affect children.
- Allow parents to fulfill their all-important role in providing and arranging for sensitive, predictable care for their children. Parents need more information about how the kind of care they provide affects their children's capacities.
- Implement policies that support parents in forming strong, secure attachments with their infants in the early months, and make a concentrated effort to improve the quality of early care and education.

Prevention is best, but when a child needs help, intervene quickly and intensively.

- Warm, responsive care cushions children from the occasional bumps and bruises that are inevitable in everyday life.
- If children are given timely, intensive help, many can overcome a wide range of developmental problems. To have greatest impact, interventions must be timely and must be followed up with appropriate, sustained services and support.

Promote the healthy development and learning of every child of every age, every demographic description, and every risk category.

If we miss opportunities to promote healthy development and learning, later remediation may be more difficult and expensive, and may be less effective.

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Implications for Policy and Practice:

Improve health and protection by providing health care coverage for new and expectant parents.

Promote responsible parenthood by expanding proven approaches.

- All parents can benefit from solid information and support as they raise their children; some need more intensive assistance.
- Certain parent education/family support programs promote the healthy development of children, improve the well being of parents and are cost effective.

Safeguard children in early care and education from harm and promote their learning and development.

- The nations youngest children are most likely to be in unsafe, substandard child care.
- More than one third are in situations that can be detrimental to their development, while most of the rest are in settings where minimal learning is taking place.

Enable communities to have the flexibility and the resources they need to mobilize on behalf of young children and their families.

Research taken from: *Rethinking the Brain in - New Insights into Early Development,- Conference Report - Brain in Development in Young Children: New Frontiers for Research, Policy and Practice,* Organized by the Families and Work Institute, June 1996

This summary prepared by the National Association of Child Care Resource and Referral
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Mr. SHAYS. Elaine, thank you.

Dona.

Ms. DITRIO. Good morning, ladies and gentlemen. I am Dona Ditrio, and I am a director of a Head Start program sponsored by Norwalk Economic Opportunity Now [NEON], a community action agency. Thank you for the invitation to speak with you today.

As you are aware, Head Start was launched in 1965 as a 6-week summer program. Subsequently, it was expanded to a full-year part-day program for low income program and facilities. The poverty experienced in the 1960's is unlike the poverty of the 1990's. Families are different. Communities are different. Technologies such as computers and TV bring us across the world in seconds. Environments, both neighborhood and in the home, are fluid and often chaotic. We have more single parents.

These characteristics coupled with the welfare to work effort result in families being pulled in many directions. Balancing family demands with working full-time is a skill in itself, even for adults with years of experience and support systems.

Head Start and Early Head Start need the challenges of the 1990's by maintaining the comprehensive holistic family development model that has been successful throughout the years. The child and the family are viewed together with respect to nutrition, health, dental care, child development, mental health, possible disabilities, and parent education. Each member of the family has an integral role in the ability of the family to live healthy and successful lives, and contribute to the community.

The essence of the Head Start and Early Head Start model is family development capitalizing on family strengths, which are the foundation for building the family. Parent education fills the family's toolbox.

Activities planned by parents provide opportunities to support and enhance their parental role as the principal influence in their child's education and development.

Head Start and Early Head Start include family literacy supporting the parent as the first teacher. Family literacy activities are provided in environments that encourage skill development between the two generations. Studies show that being functionally illiterate reduces job opportunities, which then continue a cycle of poverty and unemployment.

The inability to read can affect how parents navigate public schools and community systems. Literacy skills become integral to the family toolbox.

Also in the family toolbox is information and supported practice in negotiating health management organizations, public school systems, and social service agencies, which are often frustrating and exhausting to families. Without skills and patience, it is easy just to give up.

Learning to advocate for oneself is critical. Head Start and Early Head Start link the family to community services and reduce duplication.

Head Start and Early Head Start build families when they respect family values and culture as well as recognize that information or skills acquired in the program may not be fully utilized until a later day.

As families are unique, so are communities. Using local assessments, Head Start and Early Head Start respond accordingly. In order for programs to be clear regarding expectations and requirements, performance standards are issued which promote our fundamental concepts as well as goals, and serve as a model for other early childhood programs. Performance standards reflect best practice in early childhood as well as family support. Programs strive to provide quality services.

It is critical to keep in mind that Head Start's and Early Head Start's goal is to serve the poorest of the poor, the most economically and academically disadvantaged children. There is no evidence of creaming during our enrollment. Head Start works diligently to provide opportunities for children, all of our children, to become school-ready.

NEON has had a unique experience in adapting the Head Start model. In 1990, the Connecticut Department of Corrections awarded NEON a planning contract to research and develop a halfway house model for inmate mothers who were pregnant or who had children between the ages of birth and 5.

The halfway house model is successful, because it implemented the best practices demonstrated in Head Start, and adapted the comprehensive family development services to a specific population.

Is Head Start effective? Imagine that it is 1972. Beverly Rentz is enrolling her daughter, Rayette McKnight, in the Head Start Program. After 2 years at Head Start, Rayette enrolls in the Norwalk public schools, and is ultimately awarded her high school diploma. She begins attending college part-time. In 1991, Rayette, now a Head Start parent, is appointed to an assistant teacher position. In 1992, she begins a career in community justice programs, and is appointed the facility director.

When asked what role Head Start played in their lives, both Mrs. Rentz and Rayette echoed strong family support, sense of community, solid foundations for children entering kindergarten and structure.

Imagine that it is 1993. Ruth E. Brown, mother of nine, enrolls her last two children in Head Start. All of her children have high school diplomas or college background, and have long-term employment histories.

"Head Start had a major influence in my life, because I not only learned parenting skills, but I also gained employment skills in a job, which contributed to my children's survival," says Mrs. Brown of her Head Start experience.

These are but two of many success stories. There is a continued need in Norwalk for Head Start and Early Head Start where the median income is over $55,000. At Briggs High School, approximately 75 of the 160 estimated students are teen mothers or fathers.

For 1 licensed infant/toddler spot, there is 1 publicly assisted supported child competing against 11 nonpublic assistance supported children. There is one TVCAA supported child competing with two non-TVCAA supported children for a preschool slot.

Your continued support of Head Start and Early Head Start will ultimately change the lives of children and families. Your support builds families. Thank you.

[The prepared statement of Ms. Ditrio follows:]

Good morning ladies and gentlemen. My name is Dona Ditrio. I am the Director of a Head Start Program sponsored by Norwalk Economic Opportunity Now, Inc. (NEON) a community action agency. Thank you for the invitation to speak with you regarding Early Head Start Challenges.

NEON Head Start is a 280 child program providing comprehensive services to Norwalk, Connecticut families. Based upon our community assessment, 220 children are enrolled in a 6 hour per day, 12 month program. The remaining 60 children are enrolled in a 10 hour per day, 12 month program for working parents. NEON Head Start is able to provide this service because of the support from the City of Norwalk, Connecticut Department of Education and the Administration for Children and Families.

As you are aware, Head Start was launched in 1965 as a 6-week summer program. Subsequently, it was expanded to a full year, part day program for low-income children and families.

The poverty experienced in the 60s is unlike the poverty of the 90s. Families are different. Communities are different. Technology brings us across the world in seconds. Environments, both neighborhood and in the home, are fluid and often chaotic.

Family characteristics now reflect more single parents, exposure to community and/or family violence, a lack sufficient education, a lack job skills and substance abuse exposure or use.

These characteristics coupled with the welfare to work effort result in families being pulled in many directions. Balancing family demands with working full time is a skill in itself even for those adults with years of experience and support systems.

Head Start and Early Start meet the challenges of the 1990s by maintaining the comprehensive holistic family development model that has been successful throughout the years. The child and the family are viewed together in respect to nutrition, health issues, dental care, child development, mental health and parent education. Each member of the family has an integral role in the ability of the family to live healthy, successful lives and contribute to the community.

The essence of the Head Start and Early Start model is family development capitalizing on family strengths. These strengths are the foundation for building the family. The foundation to enhance the families' skills and knowledge is laid. Parent education in the areas of health, child development, literacy and nutrition begin to fill the family's "tool box" for use immediately or in the future.

Activities planned by parents provide opportunities to support and enhance their parental role as the principal influence in their child's education and development. Parents are given an opportunity to learn such things as various approaches to child rearing, ways to stimulate and enhance their children's total development, ways to turn their child's everyday experiences into constructive learning experiences and specific information about community resources. The parents are given the necessary support (such as role modeling and materials) to maintain a positive learning environment for their child in their home.

Head Start and Early Start include family literacy supporting the parent as the first teacher. Family literacy activities are provided in environments that encourage skill development between the two generations. Studies show that being functionally illiterate reduces job opportunities which then continue a cycle of poverty and unemployment. The inability to read can effect how parents navigate public school and community systems.

Parents who experienced failure in school are less apt to participate in literacy activities and are skilled in hiding their inabilities and insecurities. National initiatives such as the extensive training provided by the Children's Literacy Initiative heightened awareness and enhanced staff skills. Having participated in the literacy training our classroom environments are print rich. We have established a bi-weekly take home library and implemented a read a long parent education series. Literacy skills become integral to the family "tool box".

Also, in the family tool box is information and supported practice in negotiating health management organizations, public school systems and social service agencies systems which often are frustrating and exhausting to families. Without skills and patience, it is easy just to "give up". Learning to advocate for one's self is critical. Case management enables the parent to have a primary role in assessing family strengths, planning for the future and maintaining self-sufficiency. Head Start and Early Start link the family to community services, reduce duplication and advocate for the family. Head Start becomes a partner in already existing family service plans. Families can become confused when accessing several types of services with each agency desirous of being the primary service provider. Head Start and Early Start advocate for a manageable community service plan thus enabling the family to measure its success in meeting goals.

Head Start and Early Start build families when it respects family values and culture and recognizes that information and/or skills acquired at Head Start and Early Start may not be fully utilized until a later date.

Families are unique. So are communities. Head Start and Early Start must respond accordingly. In order for Programs to be clear regarding expectations and requirements, Performance Standards are issued by the Federal Government. As detailed in the Report of the Advisory Committee on Head Start Quality and Expansion, Performance Standards promote our fundamental concepts and goals and serve as a model for other early childhood programs. Performance Standards reflect best practice in early childhood as well as family support. Programs strive to provide quality services.

Various bodies of research suggest that Head Start has been successful. The program has immediate positive effects on cognitive and socioemotional development; persistent effects on preparing children to succeed in school; significant influence on improving children's physical health, motor coordination and development, and nutrition; positive effects on parents; and strong influences on community institutions to meet the needs of low-income families and their children.

Head Start has strong immediate effects on the cognitive and socioemotional development of young children. These effects are both statistically and educationally meaningful. Over time it appears that test score differences between Head Start and non-Head Start children fade.

It is critical to keep in mind Head Start and Early Start's goal is to serve the "poorest of the poor," the most economically and cognitively disadvantaged children. There is no evidence of "creaming" during enrollment. Head Start works diligently to provide opportunities for children to become school ready. The National Goal of School Readiness and the National Task Force on School Readiness provides focus for the country. State school readiness initiatives (such as Connecticut's) heighten awareness on the key indicators of a child's readiness to learn physical development, social development language development and general knowledge (Connecticut School Readiness Summit, p.2 & 3).

Sharon Lynn Kagan's research (1991) identifies differences in the pedagogy, philosophy, and structure of public schools versus Head

Start. Public schools are required to serve all children regardless of income and, in kindergarten through Grade 3, prepare children for reading and academic success. Support services and parent involvement are a strong element of the focus.

Head Start serves a specific income group and provides the full range of comprehensive services (health, dental, social services, nutrition, child development and social services). Parent involvement is a key element in Head Start and now Early Start.

Reasons for fade out might include:

- Different missions of the public school versus Head Start,
- Availability of funding to provide quality, equitable educational opportunities,
- Low income children are often in schools (based upon resident address) where poverty is concentrated and the educational environment is poor in quality (Lee and Loeb, 1995).
- Not all public schools offer developmentally appropriate and culturally reflective curriculum.
- Family support is needed at the public school level for families who may have health issues, be homeless, have children with disabilities, or not have English as a primary language.

NEON has had a unique experience in adapting the Head Start model to support families with children between birth to 3 and pregnant women.

In 1990 the Connecticut Department of Correction awarded NEON a planning contract to research and develop a halfway house model for inmate mothers who were pregnant and/or had children between the ages of birth and 5. Women agreed to live in the halfway house for 12 months. Developed in consultation with a community advisory committee, the halfway house model:

> -recognizes that during early, formative beginnings of a child's life, the performance of his/her mother must be consistent and free of interruptions as much as possible to provide the child with a consistent sense of being loved and cared for and nourished as a basis for the child's future ability to form meaningful life relationships and patterns of behavior.
>
> -ensures the continuity of care of the child by the mother to the best extent possible given the reality of mothers' legal incarceration.
>
> -enables the mother to become a more skilled parent and to utilize the growth in her caring ability and her relationship with her child as a motivating factor in her rehabilitation as she is the child's first teacher.

The model is developed to offer services through a strength based case management system. All individual services to women and children are provided through local community service agencies. The goal of maximizing the mother's independence through education and assistance with accessing to community supports, is felt to be vital to her sense of connection to the community following once discharge from the structured setting.

The residential model provides 24 hour alert staff for supervision. Custodial issues required by the Connecticut Department of Corrections is handled discreetly so as not to have a major impact on young children.

In order to defray some of the children's expenses and to promote the women's responsibility for their own incarceration, some mothers are eligible for public cash assistance awards while residing in the program; other mothers are employed in the private sector. Forty percent of their monthly income is designated for paying Room and Board. Thirty percent is allocated to savings, which is often used at graduation for a security deposit on housing or other expenses.

The plan was to secure a special permit from the City of Norwalk for a 20-bed halfway house. The request for the special permit was denied. Litigation followed. Fortunately, NEON was afforded the opportunity to identify another location. Within 6 months, the halfway house opened in Waterbury. Two years later the original site opened. Both sites are nationally accredited by the American Correction Association. Since the first site opened, 250 women and their children were in residence only. Twenty-five (10%) have been re-incarcerated. Each milestone reached by a family is a celebration. By focusing on the mother's role as the primary influence and teacher of the child or children, the cycle of crime and poverty begins to break.

The halfway house model is successful because it implemented the best practices demonstrated in Head Start and adapted the comprehensive family development services to a specific population. The outcomes that have a major impact on families are:

- understanding and accessing a medical home
- accessing prenatal care
- making and keeping medical appointments

- early identification of children with special needs
- increased understanding of the effects of secondary smoke and successful attempts to stop smoking
- consistent behavior to address substance abuse issues
- active participation in parenting classes and demonstrated practice in their relationships with their children
- an ability to utilize community resources and agencies and advocate for their family
- demonstrate positive behavior when parenting.

The Connecticut Department of Correction, together with Head Start, builds families.

In the last Early Start Funding Wave, NEON, in conjunction with the Norwalk Public Schools, funds were requested to support 24 families with infants and toddlers at Briggs High School.

The site was selected because of the estimated 160 students enrolled approximately 75 are teen mothers or fathers. Early Head Start meets the numerous challenges presented with teen parents. First, it is critical that the teen parents complete their high school education. Secondly, the teen parents need education and guidance regarding their roles and responsibilities. Thirdly, comprehensive, holistic case management services will create systems and support for the family unit.

Briggs High School has a successful model for young male teen fathers. Their experience indicates young men often do not understand their roles and rights as parents. Subsequently, young males do not take an active parenting role because of a lack of information. Levine's (1993) research regarding constraints for male involvement found fathers' fears of exposing inadequacies, ambivalence of program staff members about father involvement, gate keeping by mothers and inappropriate program design and delivery as causes for non-involvement. Research supports that male involvement, (specially the style of interaction), has positive effects regarding the child's social adjustment. Research supports how men relate to children is influenced by how they feel about their role, how others perceive them and whether or not they have a support system. By developing a father or male friendly environment, children will grow up feeling comfortable with what society has determined as appropriate behavior for men and women (sex role development, easy social adjustment and increased cognitive development). Teen mothers will benefit from male involvement because there will be opportunity for dialogue to reduce tensions and develop mutual understanding. The burden for child(ren) rearing will be shared.

Existing support services for teen parents are fragmented and limited due to funding availability. Infant and toddler care necessary for the teen parent to complete high school is almost non-existent.

There is one (1) public assistance child and 11 non-public assistance children competing for one licensed infant/toddler slot. Transportation cost and time available are even more limiting.

This initiative with teen parents embraced the current thinking regarding the stages of child development and brain research. Birth to 3 is the time for optimum physical growth and socioemotional development.

Our research demonstrates that the national effort to address long term development and support for children from Birth to 3 as well as their families will be welcomed in many communities across the nation.

Mr. SHAYS. Thank you very much, Dona.

Jane.

Ms. NORGREN. Good morning. I would like to thank Congressman Shays and the subcommittee for your invitation to share our experiences with you. My name is Jane Norgren, and I am executive director of the Child Care Center of Stamford, CT. Our agency was established in 1902, and provides services throughout Stamford and our surrounding area.

We are dedicated to providing families quality early care and education programs in a safe and healthy environment. We operate programs for 880 children daily between 8 weeks and kindergarten age. Our services work together as one stressing health, nutrition, literacy, family services, and education.

Our efforts are in tandem with parents and the community. The family is each child's first teacher. With prenatal education, our Early Head Start program actually begins in the womb. The families who are in need of our Early Head Start program are the poorest of the poor. They are at risk and are more likely to be dysfunctional. A great many at-risk children grow up in violent environments, both in their neighborhoods and within their own families.

Without professional support and intervention, the stress of this family life may have a permanent negative impact on infants, toddlers, and preschoolers. We do not want our children to become part of the welfare system for life or even for their childhood.

Our goals are to equip them with the social skills they need, and to give their families the opportunity to improve their economic position. The children receive the benefit of a Head Start education in our nutritional and health programs. Their parents learn how to nurture their children while acquiring the time for literacy, and the life skills needed to find lasting employment. All parents get the opportunity to become the type of parents that they need to be and that they truly want to be.

Families of children in our Early Head Start Program will be less likely to move into regular Head Start. Our goal is that they will no longer qualify. Their parents will be doing better economically. We envision children moving from Early Head Start to our regular comprehensive day care programs. While this is no rags to riches story, this is a win in everybody's column.

We have served children under 3 since 1985. These graduates have done well. Evidence indicates that a much higher percentage go into programs for the gifted. They are better at interacting with others, and they are far better at language skills. These children can communicate their thoughts and feelings to each other and to adults.

All of our children are read to, even by each other. Children who are read to become readers, and readers excel. We all know the principle of fade-out, in which Head Start benefits tend to dissipate after several years of traditional schooling. The schools must be encouraged to provide programs to take advantage of the Head Start that they have received.

I would also like to point out that fade-out occurs in children who do not complete the Head Start Program. Some parents note that their children attended Head Start, even though this child was only active for a few weeks.

Children who begin at 4-years old are more likely to fade out. We have learned that we should start working with these babies at the earliest possible age. Empirical evidence of brain development shows that without such effort poor language and communication skills may become entrenched, and the child's mental health may become endangered. A great many children will be in worse physical shape and their parents will be delayed entering the work force.

We have learned from our experience that one trained staff member cannot provide for the educational, emotional, nutritional, and physical needs of too many infants at one time. We have learned that we need to provide parents and children the opportunity of Head Start on a full day basis rather than half day, and full year rather than school year.

We have learned that we need to identify special needs at the earliest possible moment. For example, unless we discover the situation early on, deaf children will not learn to speak, and children who are exposed to lead poisoning may become retarded.

In association with Head Start founder Dr. Ed Zigler of Yale University, we are creating a research and evaluation model that will: First, develop standardized measuring techniques; Second, monitor the perceptions of parents and teachers; and Third, keep an eye out for issues involving mental health, child abuse and neglect.

This model will evaluate children's progress, our services to families, our corroboration with community efforts, and our use of funds. Providing such efforts is not easy, and I am sorry to say that it is not inexpensive, at least not in the short run.

Giving these young children appropriate and significant Early Head Start care and education greatly diminishes their need for government programs in the future, and allows their parents to become tax paying wage earners. As such, the early Head Start program works hand in hand with recent welfare reform to help give the neediest of the needy the lasting opportunity to get off the welfare track and to offer fulfilling lives to their children.

Again, I thank you for this opportunity to address you. I am sure that we are all happy to answer questions.

[The prepared statement of Ms. Norgren follows:]

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EARLY HEAD START: GOALS AND CHALLENGES,

TESTIMONY OF JANE F. NORGREN TO THE HOUSE OF REPRESENTATIVES' SUB-COMMITTEE ON HUMAN RESOURCES,

FEBRUARY 19, 1998, NORWALK CONNECTICUT

Good morning. I would like to start by thanking Congressman Shays and the sub-committee for your invitation to testify today and to share with you some of our experiences. My name is Jane F. Norgren, and I am executive director of the Child Care Center of Stamford, Connecticut. Our program was established in 1902, so we are now entering our 97th year of service to the children and families here in Fairfield County. We operate a variety of coordinated programs throughout Stamford and our surrounding area, including Child Care, School Readiness, Day Care, and Head Start.

The Child Care Center is dedicated to providing families quality early care and education programs in a safe and healthy environment. We presently work with approximately 880 children daily between eight weeks old and kindergarten age. Our services work together as one, stressing health, nutrition, literacy, family services and education.

We recognize and stress the fact that all of our efforts are in tandem with the parents in particular and the community in general. The family is each child's "first teacher," so when we talk about education, we are talking about parents as well as children. With pre-natal education, our Early Head Start program actually begins in the womb.

The families that are in need of our Early Head Start program are, by regulation, the poorest of the poor. By definition, they are "at risk." These families are more likely to be dysfunctional. A great many at-risk children grow up in exceptionally violent

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environments, both in their neighborhood and within their own family. The stress of this family life will have a permanent negative impact on infants, toddlers and pre-schoolers without professional caring support and intervention.

It is not our desire to see our children become "part of the system" for life, or even for the duration of their childhood. Our job is to equip our children with the social skills they need to succeed and to help give their families the opportunity to improve their economic condition.

Toddlers receive the benefit of a head start education and the nutritional and health experiences that are part and parcel of the Child Care Center. Their parents learn how to nurture their children while receiving the time that is necessary to acquire the literacy and life skills needed to find lasting employment. All parents have the opportunity to become the type of parents they need to be, that they truly want to be.

We feel it is extremely significant to note that, because of our experience, families of children in our Early Head Start program will be unlikely to move into the regular Head Start program. This is for the simple reason that they will no longer qualify as their parents will be doing better economically. We envision children moving from Early Head Start to our regular comprehensive day care program.

While this is no "rags-to-riches" story, this is a win in everybody's column.

We have served children under three since 1985. These graduates of our infant programs have done very well; a much higher percentage go into gifted programs in school. They are better at interacting with other children, and they are far better at language skills. Quite simply, these children can identify and give name to their surroundings. They can communicate their thoughts and feelings to each other and to adults.

All of our children are read to – even by each other – and they are read to constantly. As we know, children who are read to become readers themselves, and readers excel.

We are all familiar with the principle of "fade out," in which the benefits received by children in a Head Start program tend to dissipate after several years of traditional schooling. The schools must be encouraged to provide programs that meet the students needs, taking advantage of the Head Start they've received.

However, I would like to point out that many examples of "fade out" occur in children who do not complete the Head Start program. A parent who notes his or her child attended Head Start even though that child was only active for a few weeks or months is likely to have a child who will not retain its benefits.

Children who begin at four years old are more likely to "fade out." I cannot stress this point enough. We have learned that in order to accomplish our goals we should start working with these babies at the earliest possible age. Empirical evidence of brain development shows us that without such effort, poor language and communications skills will become entrenched and the child's mental health will be endangered. Furthermore, a great many children will be in worse physical shape, and, at the very least, their parents will have delayed opportunities to enter the work force permanently.

We have learned from our experience that one trained staff member can't handle too many extremely young children. One person simply can not tend to the educational, emotional, nutritional and physical needs of more than three babies at a time.

We need to provide parents the opportunity of Head Start full day, rather than half day — and full year, rather than nine months a year, so that they can work, and their children are more school-ready.

We need to identify special needs at the earliest possible moment. For example, unless we discover the situation early on, deaf children won't learn to speak and children who are exposed to lead poisoning may become retarded. As the saying goes, an ounce of prevention is worth a pound of cure.

In association with Head Start founder Dr. Ed Zigler of Yale University, our program is creating a research and evaluation model that will develop standardized measuring techniques, monitor the perceptions of parents and teachers, and keep a watchful eye out for issues involving mental health, child abuse and neglect.

This model will evaluate children's progress, our services to families, our collaboration with community efforts, and our use of funds. Throughout nearly 100 years of service to our community, the Child Care Center has prioritized helping make our children smarter, healthier and safer, and, ultimately, these are the standards by which we measure our Early Head Start program.

Providing such efforts is not easy, and I'm sorry to say it is not inexpensive — at least, not in the short run. Giving these young children appropriate and significant Early Head Start care and education greatly diminishes their need for government programs in the future, and, as I've noted, allows their parents to become tax-paying wage earners.

As such, the Early Head Start program works hand-in-hand with the recent welfare reforms to help give the neediest of the needy the lasting opportunity to get off the welfare track and offer fulfilling lives to their children.

Again, I thank you for the opportunity to address you this morning. I would be pleased to answer any questions.

Mr. SHAYS. Thank you, Jane.

Lisa, it is nice to have you here, and we welcome your statement as well.

Ms. SULLIVAN. Thank you. My name is Lisa Sullivan, and I like to be known as a parent leader here today. I want to begin by saying that I am honored to be able to testify before the Subcommittee on Human Resources and members of the Connecticut congressional delegation. I want to personally thank you for the invitation to share my family's outcome as a result of our participation in both the early intervention and Head Start Program.

I was 19 when I became pregnant, and very excited about the pending birth of my son. I tried to do everything I could to prepare for what would become the single most important moment in my life. The birth of my son thrust me into baby bliss. This baby bliss would last for only a very short time, however. I soon found out that I was not only a mother, but also the mother of a seriously ill child.

When John was 5 weeks old, he was rushed to Yale New Haven Hospital to learn of his life-threatening liver disease, biliary atresia. This disease affects 1 in 20,000 children. I was crushed. I had dreamed about having a happy and healthy child. Nothing could have prepared me for what I was about to face as a new mother.

Coming from a middle class family, I had never wanted for anything. I was very fortunate. Due to family circumstances and lots of bad choices, I did not finish high school. Instead I chose to follow a path with a person who I thought would become my lifelong love. We were very young and very naive, and seldom looked back to evaluate any of the choices we had made. The relationship would not turn out how I had hoped, so marriage was no longer an option.

I had been working a full-time job supporting an apartment, a car, and other living expenses. I had been covered under my family's medical policy. And after learning about my pregnancy, my only concern was to obtain private insurance for John after he was born.

I had not prepared for the reality of John's illness being considered a preexisting condition, which then excluded him from every insurance plan I had looked into. While at Yale, I vividly recall the social worker coming into my room one morning and telling me that John would be eligible for Medicaid. It was a blessing. I eagerly accepted the assistance, because my main concern was to have the ability to provide John with the best medical care possible.

The doctors had told me that it was a possibility that John would require a liver transplant. Medicaid would have been the only way that I could ensure that his every need would have been met.

John and I spent weeks and then months as residents of the seventh floor Yale pediatric unit. It seemed as though as soon as they gave us the OK to come home, John would develop another infection in his liver, and we would end up back on the pediatric floor. We spent many holidays in the pediatric unit, and the personnel soon became my second family.

Due to John's extensive special needs, he was referred to the Early Intervention Birth to Three Program in New London County. Once we came home, they began the process of evaluating John for the special services that he would need to help with his development. At a year old, John still only weighed 13 pounds. And as other children his age were beginning to walk and talk, I could only hope and pray that his strength would help him pull through this very difficult time.

We began receiving weekly home visits by an interventionist. Most of the interventionist's work was related to helping John develop. Early Intervention referred John for many therapies. And soon thereafter, he would begin receiving physical, occupational, and speech therapy. I was referred to a parent-child play group and a mother's support group sponsored by a program. And at the age of 2, John would participate in their integrated preschool program while continuing to receive home visits. John would also begin a water therapy program to help stimulate his social development.

Our weeks became filled with appointments. John's wellness had now consumed my life. It was obvious at the time that I would be unable to return to work because of John's needs. I soon realized that along with receiving Medicaid, the reality of becoming a single welfare mom had begun to set in.

Client ID numbers, medical cards, and food stamps were now our new way of life. It was hard to ignore the stigma attached to receiving any kind of public assistance. I would begin to receive lots of aid to assist John and I through a hard time. I would receive WIC, AFDC, food stamps, energy assistance, and eventually section 8, and child support.

I am very grateful today for the system that was available for us and the monetary help that we received. At the time, I saw these services as an essential part of helping us to be able to keep afloat. My emotions were forever changing, and I was learning to deal with a much different reality than I thought that we would be facing for our future.

John participated in the Early Intervention program until he turned three. John would leave Early Intervention label-free. I was elated to learn that Early Intervention felt that John's development skyrocketed, and there would be no need for special education preschool referral. There truly was a miracle happening right before my eyes.

After running on a high for so long, it all began to catch up with me. I found myself emotionally drained and lacking the self-confidence that I once remembered having years before. We had come a long way in 3 years, and this next transition was going to become critical for John's continued success. I was determined to transition John into a preschool program, in which we would continue monitoring his development while allowing John to become more socially active with other children his age.

John began attending the Connecticut College Children With Special Needs Program as a peer to children with disabilities, as I continued my search. John was able to attend that program free of charge, because he was there as a typical peer. John was now on the other side of the road. He was being recognized for his gains and not his special needs. Although he was still being identified as an at risk child because of his health condition, he seemed to continue to flourish in that situation.

Shortly after John started attending Connecticut College, I was approached by the staff there, and asked if I would like to learn about the Thames Valley Council for Community Action Head Start Program. The TVCAA Head Start has a classroom on site. And they thought that due to my low income and my family's continuing need for intervention, we would be eligible for the program.

I learned about TVCAA Head Start's unique home base option, and was captured when they explained the comprehensive services that would be available to my family. John entered Head Start when he was 3. And I was excited about the opportunity to provide John with the continuity of care that he had been receiving through the early intervention program.

We would receive home visits as we had in early intervention. And I was elated to find out that the home base option focused both on the parent and the child, realizing that the parent is the child's first and most important teacher. Early Intervention had been primarily child focused.

I quickly became oriented to the program. I began setting goals for my family and myself. Within the first 6 months, I returned to school and took my high school equivalency test, and received my GED. I began attending parent committee meetings socializing with other parents, and attending parenting classes.

The program year would soon come to a close, and I would be eager to send John into TVCAA's center based program the following year. In the 1994–1995 program year, I continued to track my progress and set obtainable goals. I would begin volunteering extensively for the program. I would serve on the Head Start policy council, the Head Start center committee, and my community action agency's board of directors. I would begin to find myself in many leadership positions.

This became a very empowering time in my life. Parents and staff were reaching their hands out to me. They believed in me when sometimes I did not even believe in myself. They were valuing my input, and allowing me to be involved in program decisions.

I began attending conferences, and was elected to serve as my program representative to the Connecticut Head Start Association. I began 1995 as the parent chairperson of the Connecticut Head Start Association, and be elected to represent Connecticut parents on the New England Head Start Association board of directors.

I had received the prestigious honor of becoming the New England Head Start Parent of the Year, and began my involvement with the Connecticut Head Start State Corroboration Project out of the Governor's office.

I decided in the fall of 1995 to enroll in an assessment of prior learning class at my local community college with the help of financial aid. And in one semester, I would earn 39 college credits toward my college degree. I would receive this credit due to my volunteer experience within the Head Start Program.

I would be awarded a scholarship from the New England Head Start Association, and continue attending college part-time for the next three semesters. I would receive my college degree in the spring of 1997 after finishing a legislative internship with the Connecticut General Assembly. At my graduation ceremony, I would be recognized as the most outstanding graduating student of my graduating class. And it would become one of the proudest moments in my life.

I would also attend the Parent Leadership Training Institute, a 20-week intensive leadership course, sponsored by the Connecticut Commission on Children, and receive a citation from the Connecticut General Assembly for that accomplishment.

I have now gone on to be a consultant with the Department of Health and Human Services Head Start Bureau conducting Federal program reviews and doing other various parent involvement consulting in early childhood programs throughout New England.

I also have had many opportunities to speak nationally about welfare reform, parental involvement, and program governance. I have been a part of local, State, regional, and national initiatives related to early care education, and truly have developed into a respected professional.

Head Start had provided me with many mentors, role models, and people who have realized and believed in my potential. Head Start has made me who I am today, and has truly become my family's foundation. Head Start has given me more in a few short years than I could ever have imagined.

Research about the effects of Head Start has always been debated. But I am here today and my family is one out of thousands from across the country that would have been able to come and testify about their life changing experiences, because of their involvement in a Head Start program.

John has been attending the Regional Multicultural Magnet School in New London. We have not needed to address issues concerning fade-out. He is now attending second grade, and still continuing to succeed.

I have been taught well by the Nation's most successful educational experiment, and I will carry those teachings into my public school. I have become empowered enough to ensure that my child receives the best quality education possible, and I am confident that he will continue to thrive because of my involvement.

I do realize, however, that being part of a school that accepts parents as partners makes all of the difference in the world. My son's school values the involvement of parents, and parents are welcome into the classroom at all times.

The Regional Multicultural Magnet School has a Head Start model approach to parent involvement. Many schools are far from receiving parents as partners, and it is truly unfair to hold Head Start responsible for traditional public school philosophies on the issues of fadeout.

We also know that children succeed when both families and schools are involved with the child. Whether my involvement is at home or at school, John will continue to succeed because of my influence.

Some of my experiences including my Senator in Washington, organizing parent focus groups for the assistant secretary, working in partnership with the ACF regional administrator, sitting here with the founder of Head Start, serving on the National Head Start Association Board of Directors, working with the Commission of the Department of Human Services, and advocating for both the Connecticut, and New England, and Regional Head Start Associations.

In conclusion, this past December, I became totally self-sufficient when I received a full-time contract to work with the Department of Social Services as a parent involvement specialist. I have left the welfare rolls behind, and have truly lifted my family and myself up by our boot straps.

I came into the Head Start Program during the last reauthorization of Head Start in 1994. And in 4 years time, I have become a confident, self-sufficient, and respected leader of my community. My family has had the opportunity to become a part of the most wonderful social service programs, and I will be forever grateful.

As we move into the 21st century, Head Start needs to be looked at as a seamless program that provides quality comprehensive services for pregnant women, children from birth to 5, and their families.

If my family had been able to experience at an earlier time, we would have been able to reach our family goals sooner. Head Start has more than proven itself. And any family including mine would tell you that they would give up all of those cards and food stamps in a second to be able to have a paycheck, a tax return, and a real insurance card in their hand.

Head Start helps families move toward self-sufficiency. And hopefully, in the years to come, we will only see its funding increase, so more of America's families will have the same opportunities as I have had, and truly receive the head start in life that they deserve. Thank you [applause].

[The prepared statement of Ms. Sullivan follows:]

Sub-Committee on Human Resources
Christopher Shays, Chairman
Early Head Start Hearing Testimony
Submitted by: Lisa M. Sullivan
February 19, 1998
Norwalk City Hall, Norwalk, Connecticut

I want to begin by saying that I am honored to be able to testify before the Sub-Committee on Human Resources and I want to personally thank you for the invitation to share my families outcomes as a result of our participation in both the Early Intervention and Head Start program.

I was nineteen when I became pregnant, and very excited about the pending birth of my son. I tried to do everything I could to prepare for what would become the single most important moment in my life.

The birth of my son thrusted me into a baby bliss. This baby bliss would last only for a very short time however. I soon found out that I was not only a mother, but also the mother of a seriously ill child. When John was 5 weeks old, we were rushed to Yale New Haven hospital to learn of his life threatening liver disease Biliary Atresia. This disease effects 1 in 20,000 children. I was crushed. I had only ever dreamed about having a happy and healthy child. Nothing could have prepared me for what I was about to face as a new mother. All of my emotions turned into a million tasks. I had to become strong enough for both of us. There were lots of tests, tons of questions, and most important to the hospital, was the question of who was going to cover the growing medical expenses.

Coming from a middle class family, I never had wanted for anything. I was very fortunate. Due to family circumstances and lots of bad choices I did not finish high school. Instead I chose to follow a path with whom I thought would become my life long love. We were young and very nieve, and seldom looked back to evaluate any of the choices we had made.

I had been working a full time job, supporting an apartment, car, and other living expenses. I had been covered under my family's medical policy, and after learning about my pregnancy, my only concern was to obtain private insurance for John after he was born. I had not prepared for the reality of John's illness being considered a pre-existing condition, which then excluded him from every insurance plan I looked into.

While at Yale, I vividly recall the social worker coming into my room one morning and telling me that John would be eligible for Medicaid. It was a blessing. I eagerly accepted the assistance, because my main concern was having the ability to provide John with the best medical care possible. The doctors had told me that it was a possibility that John would require a liver transplant. Medicaid would have been the only way I could ensure that his every need would have been met.

John and I spent weeks and then months as residents of the 7th floor Yale pediatric unit. It seemed as though as soon as they gave us the ok to come home, John would develop another infection in his liver and end up back on the pediatric floor. We spent many holidays in the unit, and they soon became my second family.

Due to John's extensive special needs, he was referred to the Early Intervention Birth to 3 program in New London County. Once we came home, they began the process of evaluating John for the special services he would need to help with his development. At a year old, John still only weighed 13 pounds, and as other children his age were beginning to walk and talk, I could only hope and pray that his strength would help him pull through this very difficult time.

We began receiving weekly home visits by an interventionist. She would help me focus on strategies and techniques I could use to help enhance his development at home. Much of the interventionists work was related to helping John develop. Early Intervention referred John for many therapy's, and soon thereafter he would begin receiving physical, occupational, and speech therapy.

I was referred to a parent/child playgroup and mother's support group sponsored by the program, and at the age of two John would participate in their integrated preschool program while still continuing to receive home visits. John would also begin a water therapy program to help stimulate his social development.

Our weeks became filled with appointments. John's wellness had now consumed my life. It was obvious at the time, that I would be unable to return to work because of John's needs. I soon realized that along with receiving Medicaid, the reality of becoming a welfare mom had begun to set in. I was never treated differently by service providers, but the public seemed to look at me differently now. Client ID numbers, medical cards and Food Stamps were now our new way of life. It was hard to ignore the stigma attached to receiving any kind of public assistance. I would begin to receive lots of aid to assist John and I through a hard time. I would receive WIC for special formula, AFDC to help with living expenses, food stamps to help provide food for my family, energy assistance to help meet my home heating needs, and eventually Section 8 assistance to help with housing costs. I am very grateful today for the system that was available for us and the monetary help we received. I'm not sure where our family would have been today without it. I just always tried to keep it in perspective knowing that this was what I needed to do for my family, and that one-day we would be free from the public welfare system. At the time I saw these services as an essential part of helping us to be able to keep a float. I was living day to day, and week to week. My emotions were forever changing, and I was learning to deal with a much different reality that I thought we would be facing for our future.

John participated in the Early Intervention program until he turned three. John would leave Early Intervention label free. I was elated to learn that EIV had felt that John's development had sky rocketed, and there would be no need for a special education preschool referral. There truly was a miracle happening right before my eyes. After running on a high so long, it all began to catch up with me. I found myself emotionally drained and lacking the self-confidence I had once remembered having years before.

We had come a long way in three years, and this next transition was going to become critical for John's continued success. I was determined to transition John into a preschool program in which we could continue monitoring his development while allowing John to become more socially active with other children his age.

I thought that this was going to be an easy task, but learned quickly, that because of my low income, it was going to be hard locating an affordable preschool program.

John began attending the Connecticut College Special Needs program as a peer to children with disabilities as I continued my search. John was able to attend their program free of charge because he was there as a typical peer. John was now on the other side of the road. He was being recognized for his gains and not his special needs. Although he was still being identified as an at risk child because of his health condition, he seemed to continue to flourish in that situation. Shortly after John started attending CT College, I was approached by the staff there and asked if I would like to learn about the Thames Valley Council for Community Action Head Start program. TVCCA Head Start had a classroom onsite and they thought due to my low income and my families continuing need for intervention we would be eligible for the program. I learned about TVCCA Head Start's unique home-based option and was captured when they explained the comprehensive services that would be available to my family.

John entered Head Start when he was three, and I was excited about the opportunity to provide John with the continuity of care he had been receiving through the Early Intervention program. We would receive home visits as we had in EIV, and I was elated to find out that the home-based option focused on both the parent and the child, realizing that the parent is the child's first and most important teacher. EIV had been primarily child focused.

I quickly became orientated to the program. I began setting goals for my family and myself. Within the first three months, I returned to school and took my high school equivalency test and received my GED. I began attending Parent Committee meetings, socializing with other parents, and attending parenting classes. The program year would soon come to a close, and I would be eager to send John into TVCCA's center based program the following year.

In the 94-95-program year, I continued to track my progress and set attainable goals. I would begin volunteering extensively for the program. I would serve on the Head Start Policy Council and on the Head Start Center Committee. I would begin to find myself in leadership positions. I would be elected the Chairperson of both groups. This was an empowering time in my life. Parents and staff were reaching their hands out to me. They believed in me when sometimes I didn't even believe in myself. They were valuing my input and allowing me to be involved in program decisions. I began attending conferences and was elected to serve as my program representative to the CT Head Start Association. I would begin 1995 as the Parent Chairperson of the CT Head Start Association and be elected to represent CT parents on the New England Head Start Association Board of Directors. I would receive the prestigious honor of becoming the New England Head Start Parent of the Year, and begin my involvement with the CT Head Start State Collaboration project out of the Governor's office.

I decided in the fall of 1995 to enroll in an assessment of prior learning class at my local community college with the help of Financial Aid and within one semester I would receive 39 college credits towards my college degree. I would receive this credit due to my volunteer experience with the Head Start program. I continued attending college part-time for the next three semesters and received my college degree in the spring of 1997 after finishing a Legislative Internship with the CT General Assembly. At my graduation ceremony, I had been recognized as the Most Outstanding Graduating Student of my graduating class, and it was a very proud moment in my life. I would also attend the Parent Leadership Training Institute, a 20-week intensive leadership course, sponsored by the CT Commission on Children, and receive a citation from the CT General Assembly for that accomplishment.

I have now gone on to become a consultant with the Dept. of Health and Human Services Head Start Bureau conducting federal programs reviews(OSPRI's), and doing other various parent involvement consulting with early childhood programs throughout New England. I have also had many opportunities to speak nationally about welfare reform, parental involvement and program governance. I have been part of local, state, regional and national initiatives related to early care and education and truly have developed into a respected professional.

Head Start has provided me with many mentors, role models, and people who have realized and believed in my potential. Head Start has made me who I am today, and has truly become my family's foundation. They have given me more in a few short years, than I could have ever imagined.

Research about the effects of Head Start has always been debated, but I'm here today, and my family is only one out of thousands from across the country that would have been able to come and testify about about their life changing experiences because of there involvement in a Head Start program.

This past year has only proven to be a continuation of my prior successes. John has been attending the Regional Multicultural Magnet School in New London, and we have not needed to address issues concerning fade-out. He is attending 2nd grade, and is still continuing to succeed. I have been taught well by the nation most successful educational experiment, and I will carry those teachings into my public school. I have become empowered enough to ensure that my child receives the best quality education possible, and I am confident that he will continue to strive because of my involvement.

I do realize however that being a part of a school that accepts parents as partners make all the difference in the world. My son's school values the involvement of parents and parents are welcome into the classroom at all times. There is an open door policy at his school. The Regional Multicultural Magnet school has a Head Start model approach to parental involvement. Many public schools are far from receiving parents as partners, and it is truly unfair to hold Head Start responsible for traditional public school philosophy and the issues of fade-out. We all know that children succeed when both the family and school are involved with the child. Whether my involvement is at home or in the school, John will continue to succeed because of my influence.

Being a part of Head Start has made me realize that I have truly had many magical and rewarding experiences that I will carry with me forever. Some of my experiences include meeting my Senator in Washington, organizing a parent focus group for the Assistant Secretary, working in partnership with the ACF Regional Administrator, sitting here with the founder of Head Start, serving on the National Head Start Association Board of Directors, working with the Commissioner of DSS, or advocating for both the CT, and New England Regional Head Start Associations.

In conclusion, this past December, I became totally self sufficient when I received a full time contract to work with the Dept. of Social Services as a Parent Involvement Specialist. I have left the welfare rolls behind and have truly lifted my family and myself up by our bootstraps. There is nothing like the feeling of being able to provide my family with financial security.

As we approach the issue of the Reauthorization of Head Start this year, I want you to remember my story. I came into the Head Start program during the last Reauthorization of Head Start in 94 and in four years time I have become a confident, self- sufficient and respected leader of my community. My family has had the opportunity to become a part of the most wonderful social service programs and I will be forever grateful.

As we move into the 21st century, Head Start needs to be looked at as a seamless program that provides quality comprehensive services for pregnant woman, children from birth to 5, and their families. If my family had been able to experience Head Start at an earlier time, we would have been able to reach our family goals sooner. Head Start has more than proven itself, and hopefully in the years to come we will only see it's funding increase so more of America's families will have the same opportunities as I and to truly receive the Head Start in life that they deserve.

Once again, I want to thank you for the opportunity to testify.

Respectfully submitted,

Kisa M. Sullivan

Mr. SHAYS. Lisa, you are a wonder, for a whole host of reasons. But I have never heard anyone read a statement so quickly and get through so much and never take a breath.

Ms. SULLIVAN. I was putting it all in.

Mr. SHAYS. You did great.

Ms. SULLIVAN. Thank you.

Mr. SHAYS. I could not help but think that they actually pay me for this job, and I had the privilege of hearing all of you. What a wonderful statement that each of you made, and how helpful it is to us. And we will have a dialog. I will ask Ed to start out.

Mr. Towns, you have the floor.

Mr. TOWNS. Thank you very, very much.

And let me say to you right up front, that regardless of how my question sounds, I am committed. And I want you to know that. I want to make that very clear to you. But we ask certain things sometimes to make certain that we get them on the record, to be able to share with our colleagues.

And let me just say before I start. I was just listening, Lisa, as you were going along. At first when you started out, I said I just wish the entire subcommittee was here to hear you. And then finally, as you continued, you know, I said God, I wish the entire committee was here to hear you. And then as you really continued, finally I said I wish the entire Congress was here to hear you.

I am certain that as a result that we would not be doing some of the ugly things that we are doing down there, if they could just hear you and hear what you had to say. Because I think that is very, very important.

Let me just sort of open up by asking you: What do I say to those folks who say Head Start only has short-term gains and very little long-term effects, what do I say to those people? Help me.

Ms. NORGREN. I think that we should ask Lisa to respond to that. Because we can see that this is going to be a long-term effect. And I think that each of us has led into that. Our goal is to empower families, and our goal is to work with children and families to become self-sufficient.

Mr. TOWNS. What they say to us is we spend this money. And after 3 years in school or 4 years in a regular school, then whatever they have is lost, a lot of it. This is what the argument is from those who do not really support the program. That is what they generally say. So give me some ammunition to be able to deal with them.

Ms. DITRIO. I think it is important to remember that the Head Start Program is really working with the total family, and not just the child. And when someone raises a question about what happens to these gains when the children are now in a public school, it is important to remember that public schools are charged or have as their mission the overall academic education of all of the children in the municipality. And they have that as their primary focus, and parent involvement and support services are really secondary.

In Head Start, the support services and the parent involvement piece are really an integral part of the services that are being provided. And I see that as a difference of what happens when children and families are then moved into the public school.

Mr. TOWNS. Thank you, Dona.

Ms. LIBERTO. On page 10 of the testimony, there are some statistics that compare Bridgeport's mastery test scores to other communities around the area. And you see that there is quite a discrepancy. And as I said in the testimony, there are only half of the kids in Bridgeport that have attended preschool. So how can you attribute the low test scores to whether or not they attended Head Start or not. That is No. 1.

The second thing in the testimony is that people traditionally who go to Head Start go to schools that are traditionally again have per pupil expenditures far lower than other ones. So the comparison and evaluation of like people are not there. You are comparing the country as a whole to people of traditionally inner city or people with traditionally lower pupil expenditures.

Mr. TOWNS. Thank you.

Ms. DOOLAN. I think, Mr. Towns, that the other piece of this is what you alluded to earlier when you were speaking. And that if people's environments have not changed, and we are not supporting people beyond 3 years in Head Start to change that environment, then I do not think that we can expect that intervention from the ages of 3 to 5 and it is not supported, as Elaine and others have said, those years beyond Head Start, then I do not think that we are comparing apples and apples. I think that we are comparing something very different.

And I think that if we are going to talk about what changes do we need to make, we need to talk about what we are going to do about the environments that these children come from, and what are we going to do about low performing schools.

You heard before that we defund, as Representative DeLauro said, we are now defunding Head Start programs that are not performing. But we are not doing that to public schools. Public schools go on. I mean that is not an option. I did not mean that it was. Do not misunderstand me here.

But let's be honest here. Children go to schools in cities where they do not have the advantages of higher performing school systems. So I think that it is hard to say that we can measure these children and say after 4 years of non-Head Start intervention that the family support, the social service, the mental health, those kinds of things. That if that is not happening for that family beyond maybe a year or 2 years, maybe 3 years maximum if the child has been in Head Start that long, if that kind of support does not remain for the family, for a family that has not become self-sufficient up to that point, then I do not think that we can say that it is Head Start's fault that these children are not performing in fourth grade.

Mr. TOWNS. Lisa, do you want to add?

Ms. SULLIVAN. I think that throughout my testimony that you have seen that I have had very unique opportunities that I have come to realize really over the last couple of years, especially with my son entering public school. He attends public school which is made up of 14 towns. But truly, the philosophy of that public school is unlike others in the surrounding community in which I live.

I receive comprehensive services in my public school, as I had in the Head Start Program. And the same as Early Intervention moving into Head Start. And every parent needs to be provided with that opportunity to continue to succeed.

And the only difference, I think, is I have become empowered enough through Early Intervention and Head Start to now be the one who carries those teachings, as I pointed out, into my public school. If public school is not ready to be a partner with me, then it is going to be very hard for me to become involved.

I could leave here today and go and participate in my son's classroom, go into the health center, do anything that I wanted to in that school. I could walk up to the principal's office and have a one-on-one conversation with him. And he would probably ask what I did yesterday afternoon. And that is unlike other schools, like I said, in my surrounding community.

And I think truly parents, teachers, staff, whether it be administrators or whomever, really have to be in partnership to bring on the total package to the child. And as I pointed out, you cannot hold Head Start responsible for that, because it is different in each community.

Ms. NORGREN. Most of our children have had only 1 year of Head Start. Because of funding, we have really prioritized it for 4 year olds. So 1 year might be 160 days. It is not a lot of days compared to that child's life.

Ms. LIBERTO. The other issue is in relating to the ingredients that make a successful program, that professional development and quality of staff and continuity of care is a critical issue. So we would like to have low turnover of staff.

And one of the issues I think that we all have to look at is how much are we paying our teachers. And even in Bridgeport when you compare the beginning teacher's salary of $30,000 to a Head Start salary of maybe $14,000 to $16,000, the discrepancy and disparity is so much.

So after our teachers are trained, they probably will not stay in the field unless we really treat them like a professional and a paraprofessional, and give them the resources and the development, and make their salaries at least commensurate with technical people in that area.

Mr. TOWNS. Let me just ask one more question here, Mr. Chairman. I think you can see where I am going. Ninety percent of the children served by Head Start are from extremely disadvantaged backgrounds.

If we do not have a program like Head Start, what kind of outlook would these children face?

I want you to arm me. Because we have a fight down in Washington, you know. And I will go back to Washington and quote you.

Ms. SULLIVAN. I would not be sitting here. I would not be sitting here. I came from a family, as my testimony stated, coming from a middle-income family does not mean anything, if the family is dysfunctional. And coming through that sort of situation and being thrust into the public welfare system and all of that. And if I had not had the comprehensive services and the support of Head Start, and truly Head Start being a family and a foundation for me and my son, then we really truly would not be where we are today.

Mr. TOWNS. Does anyone else want to comment on that?

Ms. **Norgren**. Mr. Towns, I think that we have all heard and worried about the underclass. And I am afraid that when you said that, that the first thing that came to me is that it would be a dismal situation. But I think that we are worried more and more in this country about the haves and the have nots, and we would have far more have nots. And I think that it would be a very dangerous situation for these children and for our future. We have heard about that 100 percent of our future now.

Ms. **Doolan**. I think that the other piece of this that is really important is to think about the fact that it is not only the child who does not have the chance, but it is the family that does not have the chance. Because Head Start is a comprehensive program, because it does support families as the first teachers and hopefully the life long learners with their children.

I think that we miss the opportunity also to not be able to provide some of the health services that Head Start is about. Certainly, we are concerned about immunizations. We talk about well child care, and how well you do in school. But it is also when I look at Head Start that health is such an enormous piece of this. It is giving those children that healthy start also.

And I think that that is a piece that sometimes gets lost when we are talking about children coming to school ready to learn, and children where they are academically in the fourth grade.

I think that there are lots of other pieces of Head Start that children and families would miss if there was not Head Start.

Ms. **Liberto**. There is also one segment of our population, as you know, that deals with special needs. And we have a situation in Bridgeport where we have identified a tracking system and a questionnaire for parents during the application process, which may indicate if a child is a potential needs person. And if that is true, we line them up after testing them, et cetera, and working with them with the board of education at an early stage.

And by providing these kinds of services and having a good liaison with the board of education, these students and children are treated at an early age. And many times, we hear that these students do not even need to continue to that specialty after Head Start, because Head Start has taken care of it at the early stages. So it is important to identify all of the issues and to followup.

The other thing is there is not even a lot of historical evidence on this, but we also have got to realize that there are more and more children that are evidence of substance abuse babies. And they are starting to figure out what impact do these kids have.

We are conditioning. Such as crossing the street and a bird coming over, a car coming toward them and a bird have equal stimuli. And what does that mean in class? Well, it means that you do not put that child in the back of a class, but rather in the front. Because everything in front of them is going to change the order.

And what impact does this mean in how their brain works. There are all kinds of studies now coming out on this, and how we should better handle children like this. And it is again important to deal with it in the early preventive stages than in the remedial changes when it is too late.

Ms. **Ditrio**. If I could back the question. The first word that entered my mind was being hopeless. And I grew up at a time when there was no Head Start Program. And I remember very clearly living in poverty, and not knowing what the next hour will bring. And quite frankly, I did not think I would make it to 16.

Because when you grow up and have so much of a chaotic life, you cannot plan. You do not know what is going to happen next. You are with your parent or whomever the adult happens to be at the time, and you are just like am I going to get through the day.

And I look back on it now, and I used to think if I could live to be 16 that was going to be a miracle. And yet, here I am far older than that trying to go back and say what were those supports that helped me become the person I am. And I think that my family would have benefited far greater if there had been a program such as Head Start.

Mr. TOWNS. Let me thank all of you for your comments and your testimony. I think that you have been extremely helpful. As I was just listening to the various things that you were saying we might be losing money by not fully funding Head Start. When you start looking at all of the other things that fall out, that maybe in the long run, we would be better off if we spend the money by fully funding it rather than to fund a few programs here and a few programs there, when you look at all of the other effects of not having the kind of resources. It becomes sort of frightening.

I hope that one day and one day very, very soon that we will look at this in a very careful way, and say that the way to deal with this is to fully fund it. And I think that we would find out that in a very short few years that we would save a lot of money. It makes sense to me.

Thank you, Mr. Chairman. I yield back.

Mr. SHAYS. Thank you, Mr. Towns.

At this time, we will call on Nancy Johnson. She has the floor.

Mrs. JOHNSON. Thank you.

There has been some concern in Congress about Head Start, because of this fadeout issue. I think that you have given us very good insight into that issue. I will have to look and see, and maybe some of the HHS people can help me, I would like to see if there is any research done on kids who are ahead when they come to kindergarten, and what happens to them in terms of fadeout.

Because that is a very big problem in the public schools of cities like New Britain, because of the unevenness of the kids coming. You have some well prepared kids of diverse ethnic and racial backgrounds, who then by grade three are not doing very well.

So I am not sure that you can relate fadeout to Head Start. And if you do relate it to Head Start, it may be that the reason you are seeing it is because the Head Start kids are coming to school better prepared in kindergarten and the first grade than the non-Head Start kids.

Because I think that this makes very logical sense, and I will see if there is some documentation to support it. But in my experience, this accounts for fadeout more than anything else.

And I think, Lisa, your point about parent involvement is extremely important. And I think that is what we are beginning to learn.

There are two questions, Pat, I want to ask you. But I just want to say that I think that fadeout is really kind of a false issue. And I think that we can get the information to deal with that.

I think that there are two things that I need to know. First of all, Jane told me 3 weeks ago that I should come to her Head Start program, because they were seeing more severe problems among their young kids than 5 years ago. And that they had many, many more children who were involved with DCF than they ever had. And that the service needs of these young children were much greater than any previous population of Head Start, and that as we reauthorize, that we have to address this.

I am very pleased that some of you say that we can cut special ed costs if we do that. That will be a very powerful argument for us. Because in this era of prevention and first causes, we can make that argument.

But are you seeing that, what are the problems, what are the different resources you are going to need. Lisa had terrible circumstances to deal with, but they were a little different than substance abuse or physical abuse. So what are you seeing out there?

Before you answer, I do want to thank my colleague, Chris Shays, for not only including small cities and large, but rural Connecticut. Because Pat Doolan has been a phenomenal leader out there. And these problems in Litchfield County with transportation and distance. The problems are not different, but the circumstances are. So I am glad to have all of you here.

But if you could talk a little bit about the changed needs of the children, I think that would be helpful.

Ms. DOOLAN. I just would very much like to speak to it. I have been a Head Start director for only 4½ years. And when I first came to Head Start, I began to notice so many children who were being referred to DCF. We were seeing all kinds of problems and issues I did not think children of 3 and 4 should be facing.

So we began to keep some statistics. And we have seen the referrals to DCF grow by more than 50 percent in the last 4 years.

And I just have to relate a story to you that has absolutely blown our program, not apart, but it was actually implosion. It brought us all much closer. We have a 3-year-old child who was just diagnosed 3 weeks ago as psychotic, and will be going to the Institute of Living here in Hartford.

This was an enormous blow to the staff. We have had children who have had mental health issues, and families who have had mental health issues over time, and we have dealt with them. But this has been an incredible experience for us. And it just sort of seemed to peak for us on this piece.

We have been much more involved in the past year in referrals to the school system for children who have special needs, physical, emotional, speech and language. And one of the things that I think is happening is that this is a benefit of the issue that our communities are beginning to recognize that it must be a community approach to working with these children and families, that Head Start needs all of these folks working with us to assure that families and children get the services that they receive.

I do not know where it is going. I do not know. I think that there are lots of issues of why families are multistressed, but they are.

And they are turning to Head Start to help them to find a way to resolve of the family issues that they face.

But sometimes, even we in Head Start are not equipped. We need to do better staff development around issues that 5 or maybe 10 years ago that staff did not need to be experts in. We are needing to get our communities to be much more involved and families much more linked with many more services than when I first came to Head Start.

So I do not know what the answer is. I do not know what we need exactly yet. But I think that as we track this at least in our area, that we will begin to see what programs will be needed.

Mrs. JOHNSON. Probably you need more people who work on developing a service program for that family and more ancillary service dollars.

Ms. DOOLAN. Very possibly more services. I certainly think that the mental health community is being taxed enormously at least in our area, the child clinic at Charlotte Hungerford Hospital.

Mrs. JOHNSON. Jane.

Ms. NORGREN. Representative Johnson, everyone could speak eloquently about children who are having a very hard time being children. But one interesting thing is, and I have been with the Child Care Center since 1985, in 1988 we had the first child who was on a ventilator, because of asthma. And this was a preschool child. This year, 4 out of our 16 babies are on ventilators. This is for asthma, and these are babies, 6 weeks, 8 weeks, 2 months old, who are needing this so they can breathe. If they cannot breathe, they cannot eat, and are in tremendous problems.

Mrs. JOHNSON. And who pays for that?

Ms. NORGREN. Well, these children are on the certificate program in the State of Connecticut.

Mrs. JOHNSON. So they have Medicaid support?

Ms. NORGREN. They have Medicaid support. And we have actually some tremendous support from our local pediatricians. We happen to be next door to our Easter Seal Rehabilitation Center. So we have a lot of support from the Birth to Three Program.

The parents of these four babies are all teen parents. Now do I know what the reason is? No. And are these children going to move into our Early Head Start? Yes. But it is an environmental issue. There are issues that are way beyond what is happening with families. These families are from the area right around the turnpike. Is there more air pollution? There are lots of things happening.

Mrs. JOHNSON. If we could keep it a little narrower.

Ms. NORGREN. Right.

Mrs. JOHNSON. Is there more need for substance abuse treatment, because you do get parents involved that others do not? Is there more domestic violence, and do you have the resources to deal with that? Do you have more troubled children?

Ms. NORGREN. We have lots of troubled children.

Ms. LIBERTO. We have found that we have an increase substantially in that. And sometimes when we are planning, we have to make sure that the classroom is in special needs with the other children being in the minority when we plan our classroom.

Right now, we have a little more than 400 cases, and we have close to 89 that are diagnosed special needs. And it is important to diagnose that early. And as I mentioned, we did start an application process, which identifies that in the early stages.

So if that child does need help, we try to hook up with the board of education. And we are very fortunate in Bridgeport to have a good working relationship with the board of education. But again, due to restraints of resources, it is hard to get that quick turnaround as quick as we want it.

The second thing, when you say substance abuse, there is more and more information on that. I know that is a new field coming up, because they do not even know. They say that where kids are being termed as attention disorder, it is really a substance abuse issue. And people are trying to figure out how do you treat that.

And the second thing is, you know, Head Start used to have a policy that you could only have two people per classroom to handle the classroom. So as you get more special needs children, it is hard for two people in a classroom to handle all of the types of issues that come in that classroom, because you have to take advantage and treat everyone to their particular child directed activities and goals. And it is more and more difficult to do that, unless you have that issue. So those are some of the things that do affect it.

Ms. DITRIO. I wanted to comment that I believe that we are seeing more children in the program who are having difficulty maintaining their behavior or any given length of time. And some of those children do well really in a one to one setting, because that is what they need in order to help them grow and develop.

I am also aware that the child guidance centers in Connecticut are looking at the HMO's and the restrictions that HMO's are placing on the mental health services for specifically children. And it appears as though that young children are then medicated, because they need more therapy beyond the limit available for service with the HMO.

I would also comment that in the area of the child abuse and neglect reports that in the Norwalk program, that we did see a steady increase when we came to about May 1997, and families began to realize that welfare reform truly was going to happen, and a job needed to be obtained. That is when we saw families having more stress, and we average about five or six more a month in reporting child abuse.

And I would say that is because of the parents and their inability to try and balance all of these things that they have to do now including that job. And most of the parents when we talk to them and let them know that we are making the report will usually admit that they are stressed out, and we make some referrals or we do some services in-house to try to help them work on their anger management.

Mrs. JOHNSON. Thank you. I will move on to my next question later on after other Members have had a chance. Thank you.

Mr. SHAYS. Rosa.

Ms. DELAURO. I thank all of you very, very much for the work that you do. And this is very, very helpful to all of us, because we do have to go back and try to deal with limited resources. But you are also trying to look at what our values and what our priorities are within those limited resources, and that is what needs to be the guiding principle when we are doing some of these things.

Pat, let me ask you a question here. Many of the Early Head Start grantees were non-Head Start programs with experience serving infants and toddlers. And they applied for the Early Head Start funding.

How do the Early Head Start programs in this area work with and communicate with non-Early Head Start programs? Are there linkages that exist between those Head Start programs and those that are not and have gone into the early Head Start effort? How do you learn from each other? What could or should the Head Start programs be doing to facilitate best practices in this area, so that we are not at cross purposes?

Ms. DOOLAN. In Connecticut, both of the Early Head Start programs are associated with the Head Start Program. So the links are there. It all works. We all work the same performance standards. That is fine. I do not know how the rest of the country works.

But my sense is that it would not be unlike what is happening with school readiness here in Connecticut. And that is what Head Start programs look to support those other programs, child care programs, pre-school programs, by sharing of services, and by acting as a resource.

In other words, I think of health. In Head Start, we have health advisory committees. We have people who are training to do screenings and that type of thing. A Head Start program would be able to provide support on how to put a health advisory committee together, or maybe sharing their health advisory committee, by being able to do some training.

I think that the performance standards are very clear in the way in which they outline exactly what needs to be done. It is up to each local program to interpret those.

Mrs. JOHNSON. What has been your experience in terms of implementing those performance standards with regard to Early Head Start here in Connecticut?

Ms. DOOLAN. I think you need to speak to Jane.

Ms. DELAURO. Yes, Jane.

Ms. NORGREN. Ms. DeLauro, we are just starting. We just received a grant, and we are working on it this spring. I think in terms of performance standards, they are tremendous. They speak of quality, and they speak of standards that are actually far above what we are doing currently, and we have an accredited center.

So in terms of the care for children and in terms of the staff requirements, the performance standards are truly the best practice. It is going to be a stretch for us, and we are already starting here. We are going to be stretched out. I think that Pat talked about comprehensive services. We are working comprehensively across all of our programs.

And as she mentioned with school readiness, I think that we need to emphasize the Head Start model is really the model that is being used nationally, because it is comprehensive. It is not just the child, and it is not just the family, it is both. It is not just education, but it is health and nutrition. It is all of the pieces that fit together.

And most of us with day care programs or child care programs have only had one or maybe two of those comprehensive services. So the performance standards are asking for a very great stretch.

Mrs. JOHNSON. Are you getting any technical assistance in understanding and being able to meet the standards?

Ms. NORGREN. We certainly have. We have been invited to national work shops. And they have been awe inspiring. They have been scary, because it is a tremendous responsibility. We also have had a tremendous amount of support from our regional office and from educators. We have had some support from people who have already been involved with Early Head Start in other regions. So we are utilizing that help.

Ms. DELAURO. So in fact, we are looking at the ability to qualify programs, in your view?

Ms. NORGREN. Yes.

Ms. DELAURO. That is great.

Ms. DOOLAN. Just one other thing, if I might. There is available to all Head Starts and Early Head Starts regional technical assistance from EDC. They have the contract with the region to provide technical assistance, training, and support to all of our programs. And I know that I utilize it all of the time. And most of the people that I do know who are Head Start directors utilize those services.

Ms. DELAURO. Elaine, you talked about the absence of slots with regard to Early Head Start, as I recall.

Why is it substantially more difficult for parents to find quality care for infants and toddlers than for older kids? What are your waiting lists looking like in terms of the infants and toddlers versus the older kids? Should we choose one or the other? Where are we in this process here?

Ms. LIBERTO. The reason why we have such a need in Bridgeport is that there are 7,000 people from that age group from 0 to 3. And out of that, there are only 336 slots. So consequently, that is just under 5 percent of the need that is met for Bridgeport, no matter what type of slots they are. And out of that, Bridgeport, and our ABCD being the largest child care provider, does not have any in that age group. So we do not even keep a waiting list, because we do not have the services quite honestly.

Parents find a tremendous need. And, of course, they are talking about it more and more with the welfare reform, of where are they going to put their child. And trying to get their children to three different sections is not uncommon. They have to drop their child where we are, and they have to drop their child at an infant place, and they have to be ready for a school bus.

So just the amount of time that it takes them before they go to work and come back puts such additional stress on their life, so that right now we are even seeing the effects of that with our parents.

Ms. DELAURO. If we were to expand, what direction would you go in? Would you go for infants and toddlers, or slots for preschool, or should we be choosing?

Ms. LIBERTO. In Connecticut, the State of Connecticut, has just allocated moneys through school readiness to meet a lot of the demand for 3 to 5 year olds which existed before. So in Connecticut, Bridgeport in fact just had 120 slots that we just filled for the 3 to 5 age group.

At this particular point, we should keep those slots there, and keep Head Start there, but we should also now also start to expand

Early Head Start. So you have the continuity of care, and you get the child at an early age, and they continue from Early Head Start all the way into Head Start, and on to school. And that is really the key for doing that.

When you are comparing costs, you are not dealing with just child care. And I think that is something when you say how expensive is Head Start or Early Head Start, Head Start offers all of those services that they talked about. There are cheaper ways. Even the State has some slots, we do not have any yet, with early child care facilities. But you do not get the types of comprehensive services that are needed for the development of the child in all of the different developmentally appropriate areas.

So you have to make a choice. Are we just care giving, are we just watching the child, or are we going to provide them with the necessary resources to attain the goals that we want.

Ms. DOOLAN. If I may just jump in here, please.

Ms. DELAURO. Sure, Pat.

Ms. DOOLAN. I just have to say that one of the things about infant and toddler care is that it is very, very expensive. And people do not usually go into that care, because of the age group requirements under the licensing. It is very strict here in Connecticut. The child/staff ratio, the equipment that you need, and so on and so forth. So that is one of the reasons why there is not a lot of private care.

Ms. DELAURO. Does that include the training and experience of the teachers for Early Head Start versus the older kids?

Ms. DOOLAN. I was not talking Early Head Start necessarily. I think that the beginning question, as I understood from you, is why are there not so many slots for children in that 0 to 3 piece. Cost has a lot to do with it. People do not stay in business very long.

I wanted to also say that I would never make a choice in Early Head Start or Head Start. I see Head Start as a seamless system 0 to 5. And when we talk about funding Head Start, I think that we talk about fully funding Head Start 0 to 5 for children and their families.

Ms. SULLIVAN. I want to make a brief comment about the need for infant and toddler services as it relates to welfare reform. Because when I first came into Head Start, Early Head Start was just being put into the reauthorization of 1994. And I think that it is very critical that as we go into the next reauthorization that we look at the needs of families as they relate to time limits.

Because when I was coming into AFDC, it really was not a push for me to find infant and toddler services to go back to work and get job skills, and to do all of that. And I had a little bit more time to work on my family goals. And I think that time is shortening. For a lot of families, they are having to do a lot of things quicker. Training programs are having to move faster.

So I think that it is important as we look into reauthorizing Head Start and providing the seamless program for children birth to 5, that we look at the comprehensive package. Because if you are really asking parents to go back to work to become self-sufficient for their families, if you are providing the services now, you need to provide it in a broader way, so they will be able to do that.

Ms. **DITRIO.** I would say that Pat is right, that infant and toddler care is expensive. And in Connecticut, we have some very well developed licensing regulations that help maintain quality of services for infant and toddler care. And the ratio is one adult to every four infants or toddlers.

And I think that is critical. Because when you are working with infants and toddlers, it is not just changing the diaper, feeding the child, and the child sleeps. We are talking about emerging literacy. We are talking about reading. We are talking about playing with children. There is more to taking care of infants and toddlers than what I think people want to look at.

Ms. **DELAURO.** That is the point that I want to make.

Is part of that cost and that expense, from a different set of training, if you will, for the person who is in the setting with infants and toddlers compared to those that are with 3 to 4 year olds?

And obviously, we believe that there is a need to have that additional training, that you have to then build in for.

Ms. **DITRIO.** I think that all staff, whether they are with infants and toddlers, or preschool children, they really have to have a strong background in child development, and understand how children develop in all of the domains, not just cognitively or physically. And we need to remember that children develop at their own pace, and may be at various benchmarks depending on their life experiences and how they are developing.

I also know that in Norwalk that the NEON child development program, which is a State-funded program, has over 200 people on the waiting list waiting for toddler care. They do not do infant care.

And I am getting calls from parents who are now pregnant wanting to be on the waiting list for preschool programs, which before was unheard of.

Ms. **NORGREN.** We do serve infants, and we receive about six calls a day from parents who are looking for infant care or toddler care. The cost of care in Stamford is approximately $225 per week. So when people are talking about expense, that is expensive. That is expensive for a middle-income person. That is expensive for anyone. So a subsidized program like Early Head Start is mandatory, if we are going to serve people who are in that $9,000 range per year. That has all gone into child care, 100 percent.

Licensing is an issue. And I think that we would really plead for having a greater number of adults with a child, let's say one to three rather than one to four. When we started, we had a terrific care giver who had four babies all the same age. She told us that she could not do the job that she was hired to do. I think that any of us could identify with that. If we were one parent with one child, imagine having four.

Ms. **DELAURO.** Thank you, Mr. Chairman.

Mr. **SHAYS.** Thank you.

Let me ask some questions. I would like to go through very quickly. I want to know how many are eligible in the areas that you serve for Head Start, and how many are eligible for Early Head Start.

Now do we have statistics on Early Head Start, who would be eligible and who gets it, or is it too soon to know?

Ms. **Doolan**. It is too soon to know.

Mr. **Shays**. Well, I want to know how many are eligible for Early Head Start and then Head Start, I want to divide them, and how many are being served. Pat.

Ms. **Doolan**. I can tell you that we will serve 191 children in Litchfield County this year in Head Start. And we have submitted an Early Head Start proposal to start serving 75 children, knowing that the number will grow over a 5-year period.

Mr. **Shays**. I want you to answer my question.

I want to know how many are you serving, and how many should be eligible if you had full funding?

[The information referred to follows:]

ACTION FOR BRIDGEPORT COMMUNITY DEVELOPMENT INC.
1070 Park Avenue, Bridgeport, Connecticut 06604-1400
Telephone: (203) 366-8241
TDD/TTY: (203) 336-4366
Fax: (203) 394-6175

Martha Santiago, Chairperson

Charles B. Tisdale, Executive Director

March 24, 1998

Mr. Jesse Bushman
Government Reform and Oversight Committee
Subcommittee Reform and Oversight resources
B-372 Rayburn H.O.B.
Washington, DC 20515

RE: Hearing on Early Head Start: Goals and Challenges

Dear Mr. Bushman,

This memo and attachment is in response to Mr. Shays question on page 101 regarding Head Start "I want to know how many are you serving and how many are eligible".

Attached please find the State of Connecticut Early Childhood Agenda in Connecticut, which identifies the number of pre school slots and licensed childcare centers in the priority areas as of 1996.

Since that time, Connecticut has initiated a School Readiness Program which has increased as of 2/24/98 1,772 pre school slots in 14 priority school areas plus 340 slots in severe need areas.

The newly acquired H.H.S. Expansion Funds for 1997-1998 are not included in these numbers.

Should you need further detailed information, please contact Camille Jackson at the State of Connecticut her telephone number is 1-860-738-4210.

Sincerely,

Elaine Liberto

Elaine Liberto,
Child Care Director

CC Camille Jackson

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The Early Childhood Agenda in Connecticut

Role of the State Board of Education

Sec. 10-4, C.G.S. Duties of board. Reports. Comprehensive plan for elementary, secondary, vocational, career and adult education. *(a) Said board shall have general supervision and control of the educational interests of the state, which interests shall include* ***preschool****, elementary and secondary education, special education, vocational education and adult education...*

1996

Issue 3: There is an increased need for high-quality, developmentally appropriate, affordable, accessible, group care and educational programs for preschool children.

Participation Rate

In 1990, about one-third of poor preschool-aged children, nationally, participated in preschool. About 35 percent of all poor 3- and 4-year-olds participated in preschool compared with over 60 percent of the highest income 3- and 4-year-olds. Preschool participation rates for poor 3-and 4 year-olds were consistently low; no state had preschool participation rates of above 45 percent. Further, poor preschool-aged children in rural areas participated at even lower rates—about 30 percent.

For example, only 33% of poor children eligible for Head Start in Connecticut actually participate. Head Start enrolls approximately 6,000 children in Connecticut. Head Start's hours of operation often don't meet parents' needs. Few Head Start programs operate all day or all year, making it difficult for parents to work full-time. Programs typically offer half-day services to children. Increasingly, full-day, year-round slots are being supported through state dollars administered through the Department of Education. A substantial proportion of the problem is lack of money and facilities required to serve all children in programs that meet the needs of today's families.

In 1995, Connecticut's *Strategic School Profiles* reported that 66.8% of new kindergarten registrants statewide had been enrolled in a preschool program. In the five most needy cities, only 45.2% reported having had a preschool experience.

Availability of Programs

Connecticut's towns, especially the five most needy towns, are lacking in the quantity of licensed child care slots required to meet the needs of working families. The following chart compares available slots to needed slots for 3-, 4- and 5-year-olds in Connecticut's five most needy towns.

Preschool Slots in Licensed Child Care Centers for Children

Towns	Slots Available*	Cohort Requirement** (for 3, 4, 5 Year Olds in Towns)
Bridgeport	**2,167**	**8,297**
Hartford	**2,631**	**8,952**
New Britain	**880**	**3,526**
New Haven	**1,672**	**6,702**
Waterbury	**1,222**	**6,001**
TOTAL	**8,572**	**33,478**

(Based on live births data in identified towns)

Statewide 51,656 licensed child care slots are available for preschool children and children requiring after school care

*Source: *Child Day Care Council, State of Connecticut, "Child Care Report Card", January 1996*

** *Source: Connecticut Department of Public Health*

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Ms. DOOLAN. I cannot tell you that without going back and really doing a count. One of the things that I could offer you is through the association that we could get you those statistics by going and speaking to each of the Head Start programs in Connecticut, and we could get you that information.

Mr. SHAYS. Why do we not do that. I would like that, Pat. Thank you.

Elaine.

Ms. LIBERTO. If you can extrapolate some of the figures. But 7,000 people are in that age group. If a third are living in poverty or whatever, you could start to extrapolate different things. But we would have to do more research. And that is for the Early Head Start.

Mr. SHAYS. That is 7,000 total from 0 to 3?

Ms. LIBERTO. All slots from zero to three, right.

Mr. SHAYS. And a third are in poverty?

Ms. LIBERTO. Right.

Mr. SHAYS. Of those 2,500, how many are you serving?

Ms. LIBERTO. Zero. We have none.

Mr. SHAYS. In Head Start?

Ms. LIBERTO. ABCD has 437. And there is another person in Bridgeport, the Neighborhood House, which has about 100 or so.

Mr. SHAYS. And how many do you think would be eligible?

Ms. LIBERTO. A couple hundred. Because of School Readiness, there is still about 3,000 that are still eligible. I have to check it. Because School Readiness has not impacted that group, and I do not know what is remaining.

Mr. SHAYS. Excuse me for calling you by your first name, but it is quicker that way if I do that. Dona.

Ms. DITRIO. When I did the research for the School Readiness grant in Norwalk, it was estimated that about 400 or more children between 3 and 5 would be eligible for public assistance or low income.

Mr. SHAYS. For Head Start?

Ms. DITRIO. For Head Start. And I do not have the figures for Early Head Start. But I can tell you that just on the number of teen parents at Briggs High School, that you have 75.

Mr. SHAYS. Jane.

Ms. NORGREN. I think it is the same story. We had 400 who were eligible for the 3 to 5. So I am assuming that we must have at least 400. We are going to currently be serving 60. So that will be our first start. Through the department of social services, we have all of these figures. So we can get them to you by age level.

Mrs. JOHNSON. Let me just ask a question.

Mr. SHAYS. Sure.

Mrs. JOHNSON. As you get the figures, we need to know how many children who are eligible for Head Start are served, and how many who are not served are being served by Even Start which is another Federal program, how many are being served by the State early childhood programs, and how many are being served by the block grant voucher program through which then parents would be paying for their day care in those situations.

So there are a variety of programs, and we need to know who is being served by what for a start. But one of the things that has always interested me about Head Start is the component of parent involvement.

So we need to know whether the new State programs are reflecting our experience with Head Start in terms of including parent involvement, whether the Federal Even Start program has that component in Connecticut, and whether there has been any attempt made by either the associations of family care providers or anyone else to get a parent component in the voucher program, or the home care providers, or the centers, or anything else. So that would be helpful.

Ms. SULLIVAN. I just want to make a comment to that. In my testimony, I stated that to become self-sufficient that I received a full-time contract to work with the department of social services as a parent involvement specialist. And I think that is something very unique to Connecticut. That I have been a Head Start parent, and someone has reached out beyond Head Start and believed and gave me the opportunity to bring parent involvement to not only Head Start programs, but to family resource centers, school readiness programs, State funded child care centers, and so on.

So I am currently working in my new position working one on one with those programs. And I will be doing more in the area of parental involvement. And within the school readiness legislation within the State, parent involvement is a piece of that.

Mrs. JOHNSON. Well, I do see that in the New Britain schools. The family resource center is now beginning to serve those new programs, but also serving stay at home parents. So any insight that you can give us in the development of the parent involvement component, either as part of Head Start or part of the other programs, as sort of a free wheeling independent involvement.

And Lisa, I did notice that in your testimony. I was very, very pleased to see that the administration understood how important that was.

Mr. SHAYS. One of the things that we want to do is get a handle on how many are eligible and how many are being provided services. I am trying to distinguish between Head Start and Early Head Start.

You sit down with Bob Reiner, who, after his divorce, went through a traumatic inward look at himself. He went back to his entire childhood. He began to wonder why certain parts of his life he considered dysfunctional. And he got really turned on to the fact that scientists and others were telling him that 90 percent of the brain develops in years 0 to 3. And he said that we are basically ignoring this throughout the country.

When he looks at it, he is a strong proponent of Early Head Start being more important than Head Start. And this is just kind of a new area for us to look at. I think of my own daughter. My own daughter is an A student in chemistry, in physics, and in math. Her mom and dad are not sure that she got much of it from us. And we said why do you think, Jeremy, that you do so well. She said dad, I cannot stand not to understand something.

And I began to ask myself where that came from. And I thought of her mom reading to her every night, thought of her in a Montessori School program that just wanted her to investigate and explore at the youngest of age.

And I buy into it. I buy into the fact that so much should be happening in 0 to 3. And I buy into the fact that we are not focused in on it.

I just quickly want to touch on this concept of fadeout. It seems to me that you are right. You are back in the poverty, and that is working against you rather than for you. But fadeout as compared to others who are in similar circumstances. They compare the fadeout to a student who was eligible but not for part of the Head Start Program.

I think of myself. I am terrible at languages. And I would learn something, and in the summer I would forget it. And I would have to start in Spanish I all over again.

And it seems to me that enrollment duration is one of the ways that we are not looking at Head Start and Early Head Start. Are we capturing them, or do they tune out when they are not in the program? And how much is program duration a factor of fadeout? Some of you have commented that it should be all year long and a longer day.

So in terms of the fadeout issue, I am leaving with the thought that some of it is poverty, and some of it is not participating fully in the program. I mean they may have done 1 year or 1½ years. Maybe the program needs to be longer, a longer day and a longer year.

And then clearly some of it is just a bad program sometimes. I am not talking generically. If it is not involving the parent, it has got to be a bad program.

Is that correct, I mean is that part of the deal in Head Start and Early Head Start, that the parent is part of the process?

Ms. DOOLAN. We would not put it that way.

Ms. LIBERTO. One thing is the resources and the amount of money that we talk about giving our staff. As I said, the continuity of staff is related to that. Because if you are going to pay them wages that have a high turnover, by the time that they are trained in those types of areas that they need to be trained, they are off to another program. So it is constant turnover.

So we really have to commit resources to get them commensurate with other technical positions in that field. Maybe not according to the Board of Education per se, but somewhere in between, and somewhere where they can afford to make a living and to be able to do it.

In the Northeast, how can you make a living on $15,000 a year in terms of being able to raise a whole family on that?

Mr. SHAYS. You have turnover in the teachers.

Do you have a turnover in the students? I mean in Bridgeport, I have had teachers say, "look at this class, by the end of the year there will only be three of the same students, and everyone else will be new."

Do you have that problem?

Ms. LIBERTO. Not that much of a turnover.

Ms. DITRIO. Last year, we served 303 children in the Norwalk Head Start Program, which is a 12-month program. All children can come 6 hours a day. Sixty children can come 10 hours a day through State support. And we are slotted for 280. So we saw very few children withdraw.

Mr. SHAYS. But it seems to me that one of the things that we should be testing is the advantage of an 8-month program versus the advantage of an 11-month program.

And does fadeout not become an issue under those circumstances?

Ms. NORGREN. I think that it certainly becomes an issue, and I think that it is even more of an issue for special needs children. Because if they are not being stimulated for those 3 months, then it is a tremendous loss. That is a real issue.

You had said that if it does not involve parents it is a bad program. I would say that it is a program that is not working, that is not meeting its goals. Because the major goal is to work with the parents.

Mr. SHAYS. I could have asked it a different way. Is the program better? What I want to understand is I am leaving with the view that this is a deal with the child and the parent. When Senator Dodd stated about that the parent is No. 1, it seems to me that Head Start and Early Head Start flies into that and involves the parent.

Ms. SULLIVAN. Head Start cannot operate without the parents. Head Starts help plan around budget programming all the way down to what kind of curriculum that there is going to be in the classroom, down to what activities parents are going to do during parent meetings, to who is hired in the program. So Head Starts cannot operate without parent involvement. So there has to be some level of parent involvement for a Head Start program to exist.

A policy council chair, which is usually a Head Start parent or a community representative, has to sign off on a Head Start grant. So it cannot happen without parents of children who are involved in the program.

Mr. SHAYS. Let me just add two other things. One is the issue of how quickly a community can absorb a program and get into operation. Sometimes we in Government can throw too much money too quickly, and then we do not get the quality that we want.

Maybe you are not able to answer that question now. But we need to get an answer for this committee on how quickly we should be trying to get up to full funding. If we did it tomorrow, if we did it in 1 year, we would not see the quality that we would need.

Would you agree with that?

Ms. NORGREN. We would not have the staff.

Ms. LIBERTO. Or the licensable space. And the Head Start money up front to pay for one time to get it licensable.

Mr. SHAYS. But if you knew what to plan on, if you had a 5-year plan, and you knew that you were going to get so much each year.

Ms. NORGREN. Your planning time is important.

Mr. SHAYS. One last question. Describe for me as succinctly as you can the difference between Early Start and Head Start. There has got to be a difference.

Does Early Start involve the parent more than Head Start?

Ms. NORGREN. Early Start is starting with the parent, because we are starting with the pregnant mom.

Mr. SHAYS. So our contact is first with the parent with Early Start, and with Head Start it may be more with the child?

Ms. NORGREN. No, no.

Ms. **SULLIVAN.** Head Start provides comprehensive early childhood services to the entire family.

Mr. **SHAYS.** Lisa, I know what your title is, and I know what the intent is. I want to know what reality is. And I get the sense that if you start with Early Start, that you have really captured the parent. Where if you start with Head Start, some parents allow themselves to be part of the system and some do not. Some parents view Head Start as a day care program. And there is nothing to be embarrassed about. You are shaking your head.

Ms. **DOOLAN.** Yes, I am. When I think about our program, I think about the first contact that we have is with the parent. It is the parent who is the entree into the family and to the child. Because the parent calls us and says I am interested in a Head Start Program, what does that mean. And we start then saying what it means is this is how we are going to be involved with you, and this is what part you will take in your child's experience here at Head Start.

Some parents choose not to be involved. You are absolutely correct. But I suspect that as we start with Early Head Start, that if we get that parent when she is pregnant, we are going to be involved with her there. But as parents need to go back to work, we are going to see Early Head Start families who are working, who may not be able to be as involved as we would like them to be, because that is the nature of what is happening in our world today.

Mr. **SHAYS.** Let me turn to Rosa to get into this issue.

But first, Jane, our organization has a pilot program in Early Start.

Are you noticing a different relationship with the parent of an Early Start program versus the Head Start program?

Ms. **NORGREN.** I really cannot say, because we are just at the very beginning of that. We certainly at this point are going to be enrolling parents and pregnant mothers. So in that sense, we are working on her health. We are working on that child even before that child is even born. But it is a little early for us.

Mr. **SHAYS.** I suspect, and I could be wrong, but I suspect that because your focus in the beginning is going to be totally on the mother, that you will have an easier time involving the parent in that process. And that is one of the things that excites me about Early Start. I think that you can capture the parent in that process. You can help train them and guide them in a way that you may not be able to in Head Start.

Ms. **NORGREN.** Many of these parents did not even know where to go for help. My experience as a teacher, and this was years ago, was that I would deal with a pregnant teen who was poor, and she had never actually been nurtured herself. So this is the beginning of that. And I do not think that we should leave the fathers out too, because that is really an important place for us to be working. We need to remember that we are not dealing just with the mom, but we need to really work with the fathers.

Mr. **SHAYS.** A good point.

Rosa, do you have something?

Ms. **DELAURO.** I just wanted to say that with both programs what we are trying to do is to engage parents. But I think Pat was right. You know, we started with this notion that it was three to four. And that is where we were, and we were trying to include parents, and trying to deal with a comprehensive set of services in terms of intervention, and allowing youngsters to be able to be ready for preschool, and taking a look at what some of the other developmental issues were for the family.

We then found out that what we need to do is not be starting at 3 or 4 years old, but moving from 0 to 3 because you can have the greatest impact.

I think that you can have parents who are participating at 3 to 4 years old. Some may not participate at 0 to 3, and maybe use it as a baby sitter. But nonetheless, the goal with all of this has to be that there is parental involvement, parental accountability, and parental responsibility. And at the same time, provide a program which deals with what we know scientifically in terms of providing that atmosphere and that environment where development is occurring for the child while the parent cannot be there and linking in.

And hopefully, you carry that forward through parents and through schools. One of the issues that we did not talk about with regard to fadeout that was mentioned earlier, and I hope that we can get that addressed later, is what happens with schools and fadeout, where are we dropping the balls with our schools when kids enter the schools.

I do not think that you can make blanket statements about when parents get involved, if it is more earlier than later. I mean the goal has got to be to get parents right up front.

Mr. SHAYS. I am just trying to distinguish between the goal and the theory versus the practice. And it may be that the practice is just the way that the theory is supposed to be. I am just not sure that it is, but I know that I like the theory.

Ms. LIBERTO. There is also under the Head Start standard performance measures other ways for parents to get involved. There are things called family partnership agreements, which is a strength based model, where a social worker or a family worker works with parents, and has to set goals throughout the year for them to achieve.

And I could give you case study after case study. One of parents said that she was on drugs, and had a goal to get off drugs, within a year to have a house with a yard, and a car, and a job. And she met all four goals because of the social worker, the family worker, who worked with her in achieving that. She did not even know what a goal was.

So we have service planning meetings too which involve the parents and both the family worker and the teacher to set goals, and you involve parents to set individual education plans with the students. So parent involvement is through all areas of all ages of Head Start, whether it is early or regular.

Mr. SHAYS. Ed.

Mr. TOWNS. No, Mr. Chairman. You have asked my questions. I wanted to know the population of Litchfield, and I wanted to know the population of Bridgeport. I think you have answered that.

Mr. SHAYS. Well, I may have done it incorrectly. I told him that Bridgeport is about 150,000, but Litchfield is under 100,000.

Ms. DOOLAN. Litchfield County.

Mr. TOWNS. Litchfield County.

Ms. DOOLAN. The largest city is Torrington, and the population is under 30,000.

Mr. TOWNS. Because you have 191 slots, and I wanted to know the population of the county.

Mrs. JOHNSON. Torrington is only about 27,000. And many of the towns up in the northwest corner have a total population of under 2,500. So one of our problems is that our families needing Head Start are very scattered. And so we actually only have Pat's program as a Head Start Program. Then we have a Head Start in Torrington, one in Bristol, one in New Britain, and one in Enfield.

There is under a handful of Head Start programs in the 44 towns that I represent. So the Early Start, and the State programs, and the voucher programs are very, very important to me. I have some excellent Head Start centers. Down in New Milford, I had an excellent Head Start center. And it does serve the State, but it is not a Head Start center. It also has a tremendous family involvement program.

So I am very interested in Head Start, because it is a fantastic model. And if we are not able to get parents involved, we are not going to succeed. And if we are not able to reach out to younger children, we are not going to succeed.

But some of the other programs that are modeled on Head Start but funded either by us or the State are also a little more flexible. And that is important in their areas as well.

So I really look forward to the information that we have got. And, Lisa, since you are going to work with all of these kinds of programs, you can be very helpful to is in evaluating how we make sure that Head Start is the right model and grows and develops at the pace that we need it to help all of our communities. Thank you.

Mr. TOWNS. Mr. Chairman, I would like to thank all of the witnesses. They have been extremely helpful, and I really appreciate the time and effort. And thank you very, very much.

Mr. SHAYS. Do any of you have any last word? Was there a question that you wish we had asked?

[No response.]

Mr. SHAYS. Well, your statements were superb. And your responses to the questions were very helpful, and very interesting as well. You are doing great work, and we appreciate you sharing it with us.

And we are going to adjourn this hearing, and start the second half of our hearing at about 1 o'clock. I would point out to you that we have Olivia Golden, the Assistant Secretary of Administration for Children and Families, U.S. Department of Health and Human Services, from Washington; Joyce Thomas, Commissioner of the Connecticut Department of Social Services, Hartford; Dr. Edward Zigler, really the father of Head Start; and Sarah Greene, the chief executive officer of the National Head Start Association.

So we have a great panel to look forward to. And we would invite anyone to stay who would like to. Thank you very much. And we will adjourn for about 15 minutes.

[Recess.]

Mr. SHAYS. I would like to call this hearing to order and invite our second panel to come up. As the panel knows, we will be swear-ing them in, as we swear in all our witnesses who speak on our panels.

Our first witness is Olivia Golden, who is Assistant Secretary of Administration for Children and Families, U.S. Department of Health and Human Services. We are just delighted to have her here, and appreciate the fact that she is here from Washington in our field hearing.

Joyce Thomas, Commissioner of the Connecticut Department of Social Services. Dr. Edward Zigler, a Sterling professor of psychology, Yale University. And Sarah M. Greene, chief executive officer, National Head Start Association, Alexandria, VA.

And let me say as well that the Chair and the committee are going to invite, at the end, anybody who is here who wants to make a comment. We will not swear them in, but we will invite anybody here at the end. We will reserve about 20 or 30 minutes to hear comments from the floor.

And our purpose in doing that is that many of you are experts in the field. And if you have heard comments, you might want to respond to them. And we would find your input helpful as well. So if you decide to stay and want to make a comment at the end, we will do that.

Would you please all stand. We are going to swear you in.

[Witnesses sworn.]

Mr. SHAYS. We are going to go in the order that we called.

Ms. Golden, I also want to thank you and your staff. Because the usual procedure when you have a hearing is to have the administration kind of speak first and other people follow. We find it more helpful to have other comments, and then be able to have you in your capacity and your expertise make comments.

I also appreciate that you were here earlier and heard the comments of others, and that is very appreciated. And I noticed that others were here as well. So we thank you for coming, and we really appreciate that you are here.

STATEMENTS OF OLIVIA A. GOLDEN, ASSISTANT SECRETARY, ADMINISTRATION FOR CHILDREN AND FAMILIES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; JOYCE THOMAS, COMMISSIONER, CONNECTICUT DEPARTMENT OF SOCIAL SERVICES; DR. EDWARD ZIGLER, STERLING PROFESSOR OF PSYCHOLOGY, YALE UNIVERSITY; AND SARAH M. GREENE, CHIEF EXECUTIVE OFFICER, NATIONAL HEAD START ASSOCIATION, ALEXANDRIA, VA

Ms. GOLDEN. Thank you. I am delighted to be here to have the chance to testify on Early Head Start. I have full testimony for the record, but my statement today will be brief.

I am delighted to testify today on the Early Head Start Program, one of the most vital and promising early childhood initiatives of the Clinton administration. This program was created in the 1994 bipartisan reauthorization of the Head Start Act to extend the benefits of Head Start's comprehensive quality services to pregnant women, infants, and toddlers.

In less than 4 years, this program has grown from an idea to a thriving network of 173 local programs serving 22,000 children and families in all 50 States, the District of Columbia, and Puerto Rico.

This year we plan to award $120 million to fund new programs to serve an additional 17,000 children.

Designed with the help of a distinguished advisory committee, which included Professor Zigler on this panel, Early Head Start acts on the expanding base of knowledge of how infants and toddlers grow and learn, on the rewards and key elements of successful prevention programs in the first years of life, and on the substantial and long-term costs of failing to support very young children and their families.

Certainly, the most astonishing component of this research base is new revelations about the pathways and processes of brain development in infancy. We know more than ever about how very young children learn to understand and use language, and how their early relationships with parents, family members, and care givers shape their long-term social and emotional development.

Based on this knowledge, Early Head Start's primary goals are to enhance children's physical, social, emotional, and cognitive development; enable parents to be better care givers and teachers for their children; and help parents meet their own goals, as you heard in the previous panel, including improving their own education and economic self-sufficiency.

Each Early Head Start Program carries out a locally designed program of services in order to meet these goals. Programs offer high quality child care and early education, family support services, home visits, parent education, comprehensive health and mental health services, and nutrition.

Local agencies receive grants to operate Early Head Start based on an open, national competitive process. School districts, nonprofit community agencies, colleges and universities, local governments, mental health and health service organizations are among the organizations providing services through Early Head Start.

My testimony today will focus on three core principles that embody our approach to managing Early Head Start. First, our comprehensive strategy to ensure program quality. Second, our flexible approach to local program design. And third, our stimulation of State and local initiatives based on the Early Head Start model.

Our commitment to program quality begins with the Head Start program's performance standards. And I was delighted to hear the comments on those standards in the last panel. As required in our last reauthorization, the Head Start Bureau completed a comprehensive revision of the performance standards that included for the first time standards for serving infants, toddlers, and pregnant women.

Based on input from thousands of early childhood experts and practitioners, the performance standards set forth consistent high quality expectations for program services, organization, and management.

To take one example, these standards require Early Head Start staff to earn a nationally recognized training credential, the child development associate certificate.

To ensure that programs live up to these standards, we hold programs accountable for training and technical assistance, and work with each local agency in a continuous process of program improvement. This year we are sending monitoring teams to review the services and management of the 68 local programs that became fully operational last year, the first wave of grantees.

We have created a strong system to support training of Early Head Start staff members and managers and provide technical assistance to local agencies through onsite assistance and telephone consultation, as well as access to the most up-to-date research-based materials and resources to guide their implementation efforts.

For example, teachers, home visitors, and other staff attend intensive national training institutes on infant and toddler development, and receive ongoing support through college and university programs.

A final component of our quality strategy is a strong research initiative, to allow us to learn in a systematic way about the long-term outcomes of this program for children and families, and to assess what mixtures of program strategies and services are most effective. We selected 17 programs from our first 2 years of funding to participate in this rigorous national evaluation.

We balance strong requirements for program quality with a flexible stance on how communities design programs and use Early Head Start funds. Agencies have wide latitude in designing their program services to adapt to the needs of local families, and to take advantage of community opportunities.

For example, as you heard in the earlier panel, many agencies are restructuring their staffing and program design in response to the impacts on Early Head Start families of the requirements in State welfare reform initiatives.

I would like to highlight two examples of local design. Child Development, Inc., a comprehensive nonprofit early childhood agency, serves families in rural Arkansas through a series of centers that provide quality child care, including services that accommodate the needs of parents who work evening and early morning shifts in the local poultry industry, or who attend night classes at local community colleges.

United Cerebral Palsy of Washington, DC, and northern Virginia, which is a program that I actually had a chance to visit myself last week, offers parents a choice among a home visitor service, a network of family child care homes, and a child care center.

A third agency illustrates the potential of Early Head Start to mobilize additional community resources to complement Federal funds. The Brattleboro town school district in Vermont provides a rich array of services, including home visits, family literacy and substance abuse treatment, special outreach to fathers, and a child care center at the local high school.

The program generates more than $500,000 from State and local governments, local foundations, and businesses, including a partnership with the First Vermont Bank, which administers a revolving low-interest loan fund to help families establish credit and progress toward self-sufficiency.

Since 1965, Head Start has blazed the trail for our Nation by showing the benefits of high quality comprehensive early childhood services. I expect that Early Head Start will play a similar role as a catalyst for other public and private initiatives for infants and toddlers.

Toward that end, we are reaching out to work with State and local governments, nonprofit agencies, and the foundation community to stimulate others to invent their own ways to provide more young children with the opportunity for safe and healthy development and early learning.

I appreciate this opportunity to report on our accomplishments of Early Head Start, and in particular the exciting efforts of local Head Start programs. I look forward to answering your questions. Thank you.

[The prepared statement of Ms. Golden follows:]

I am pleased to testify today on the Early Head Start program, one of the most vital and promising early childhood initiatives of the Clinton Administration. This program was created in the May, 1994 bipartisan reauthorization of the Head Start Act to extend the benefits of Head Start's comprehensive quality services to pregnant women, infants and toddlers. In less than four years, this program has grown from an idea to a thriving network of 173 local programs serving 22,000 children and families in all 50 States, the District of Columbia and Puerto Rico. This year we plan to award $120 million to fund new programs to serve an additional 17,000 children.

Designed with the help of a distinguished Advisory Committee of scholars and practitioners, Early Head Start acts on the expanding base of knowledge on how infants and toddlers grow and learn, on the rewards and key elements of successful prevention programs in the first years of life, and on the substantial and long-term costs of failing to support very young children and their families.

Certainly, the most astonishing component of this research is new revelations about the pathways and processes of brain development in infancy. We know more than ever about how very young children learn to understand and use language and how their early relationships with parents, family members and caregivers shape their long-term social and emotional development. We are

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accumulating a solid picture of both the components of effective programs and the limited reach and variable quality of our existing system of services to our youngest children and their parents.

Based on this knowledge, Early Head Start is designed to foster three primary goals:

- To enhance children's physical, social, emotional and cognitive development;

- To enable parents to be better caregivers and teachers for their children; and

- To help parents meet their own goals, including improving their own education and economic self-sufficiency.

Each Early Head Start program carries out a locally-designed program of services, organized around the cornerstones of child development, family development, community building and staff development. Programs offer high quality child care and early education, family support services, home visits, parent education, comprehensive health and mental health services (including services for women prior to, during and after pregnancy) and nutrition.

Early Head Start coordinates with the Department of Education's program for infants and toddlers with disabilities and their families. For example, Early Head Start representatives serve on the Federal and State Interagency Coordinating Councils. These programs also work together at the local level, providing specialized services needed by children with disabilities within the comprehensive Early Head Start program.

From profiles of an initial set of 50 projects, we know that roughly one-half of Early Head Start families earn less than $6,000 per year, one-third of the parents are employed full-time, one-fifth are enrolled in school or job training, and one-half are single parent households.

Local agencies receive grants to operate Early Head Start based on an open, national competitive process. School districts, non-profit community agencies, colleges and universities, local governments, mental health and health service organizations are among the organizations providing services. The two Early Head Start grantees in Connecticut are the Child Care Center of Stamford, Inc. in Stamford and The Access Agency, Inc. located in Willimantic.

My testimony today will focus on three core principles that embody our approach to managing the Early Head Start initiative.

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Based on more than 30 years of experience in guiding operations in regular Head Start agencies, we provide leadership by:

- Setting forth a comprehensive strategy to support, enhance and enforce high standards for program quality;
- Providing flexibility to local community agencies so they can design services to fit the changing needs of families and take advantage of opportunities to partner with other local groups and resources; and
- Helping to stimulate the development of other State and local initiatives to serve very young children and parents, based on the Early Head Start model.

Safeguarding Quality

There is a special urgency to safeguarding the quality of Early Head Start programs. This program serves our most vulnerable and dependent children--they can't walk away or shield themselves from inadequate caregivers or unsafe environments.

Our commitment to program quality begins with the Head Start Program Performance Standards. As required in our last reauthorization, the Head Start Bureau completed a comprehensive revision of the Performance Standards that included, for the first time, creation of standards for serving infants, toddlers and pregnant women. Based on input from thousands of early childhood experts and practitioners, the Performance Standards set forth consistent, high quality expectations for program services, organization and management. For example, these standards require Early Head Start staff members to earn a nationally-recognized training credential, the Child Development Associate certificate; mandate that each teacher work with no more than four infants and toddlers (so they can build strong, responsive relationships with each child); and require that each grantee establish a Policy Council to involve parents and community representatives in program planning and decision making.

We have learned that setting forth standards is only the first step in making quality a reality in a large national program. We must stand behind our standards in the way we fund programs, the way we inspect and hold agencies accountable for living up to our standards, and the way we offer training and technical assistance to help staff and programs rectify deficiencies in program quality.

A second element of our quality control strategy is to work with each local agency in a continuous process of program improvement. This year we are sending monitoring teams to review the services and management of 68 local programs that became fully operational last year. Each team includes experts in child development,

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health, parent involvement and program management. The team conducts a thorough on-site assessment of program strengths, weaknesses and compliance with the performance standards. We then work with each agency to create a quality improvement plan to rectify any deficiencies, including specific timelines and reporting requirements.

Third, we have created a strong system to support training of Early Head Start staff members and managers and provide technical assistance to local agencies. Program directors participate in Head Start's management training institute at the UCLA Anderson School of Business, which is funded in partnership with the Johnson and Johnson Corporation. Teachers, home visitors and other staff attend intensive national training institutes on infant and toddler development and receive ongoing support through local college and university programs and professional organizations. Technical assistance is provided by expert consultants in infant and toddler development, health and family services and other components of program services and management. Programs receive on-site assistance and telephone consultation, as well as access to the most up-to-date, research-based materials and resources to guide their implementation efforts. An Early Head Start web page links each program with the technical assistance network and allows agencies to exchange materials and successful strategies.

A final component of our quality strategy is a strong research initiative, to allow us to learn in a systematic way about the long-term outcomes of this program on children and families and to assess what mixtures of program strategies and services are most effective. We selected 17 programs from our first two years of funding to participate in a national evaluation that will include careful assessment of how agencies implement the Early Head Start model and quality standards, and will track a range of program impacts on children, parents, and families. The national evaluation is based on an experimental design that involves random assignment of families to Early Head Start participation or a comparison group. Data collection will include a variety of measures of child development, video tapes of parent-child interaction, and interviews with mothers and fathers. This longitudinal national study will be complemented by a series of local research teams that will document local variations in program strategy and investigate issues of particular interest to local program managers and communities.

Supporting Local Flexibility

We balance strong requirements for program quality with a flexible stance on how communities design programs and use Early Head Start funds. Agencies have wide latitude in designing their program services to adapt to the needs of local families and to take advantage of opportunities to link with local community resources and partners. We expect grantees to continually reassess these factors and to make periodic adjustments in their staffing, budgets, and mix of services. For example, many agencies are restructuring their staffing and program designs in response to the impacts on Early Head Start families of new requirements in State welfare reform initiatives. Let me briefly share several examples of how local agencies mold services to fit family needs and community resources.

Child Development, Inc., a comprehensive non-profit early childhood agency serves families in rural Arkansas through a series of centers that provide quality child care, including services that accommodate the needs of parents who work evening and early morning shifts in the local poultry industry or who attend night classes at local universities and community colleges. United Cerebral Palsy of Washington, D.C. and Northern Virginia offers parents a choice among a home visitor service, a network of family child care homes, and a child care center. These options allow parents the flexibility to continue to participate in Early Head Start as their schedules change due to employment demands and education opportunities.

Stimulating New Initiatives

Two other agencies illustrate the potential of Early Head Start to mobilize additional community resources to complement federal funds. The University of Pittsburgh's program has mobilized unusual linkages to expand health services to its families and target neighborhoods. The University's Medical School supports a therapeutic child care center to serve infants and toddlers with severe disabilities. Other Early Head Start sites are linked with community health centers that offer comprehensive prenatal care, dental services and health care for families with infants and toddlers, funded with other State and community resources. These centers serve both Early Head Start families and the community as a whole.

The Brattleboro Town School District in Vermont provides a rich array of services including home visits, family literacy and substance abuse treatment, special outreach to fathers, and a child care center at the local high school. The program generates more than $500,000 from State and local governments, local foundations and businesses, including a partnership with the First Vermont Bank which administers a revolving, low-interest loan fund to help families establish credit and progress toward economic self-sufficiency. In another new partnership venture in Brattleboro, Early Head Start serves as the local arm of Vermont's welfare reform and job training agencies. This arrangement reduces administrative costs and makes it easier for families to gain access to these State resources.

Since 1965 Head Start has blazed a trail for our Nation by showing the benefits of high quality, comprehensive early childhood services. Many States and communities have built on

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the example and principles of Head Start to create new public and private initiatives to serve preschool children and their families. Head Start has spread the word and shown the way through research, through national efforts to set standards and create materials, and through the everyday example of Head Start staff members making a difference in the lives of our most vulnerable children, families and neighborhoods.

I expect that Early Head Start will play a similar role in stimulating other public and private initiatives for infants and toddlers. Toward that end, we are beginning a new emphasis on partnerships with other public and private agencies involved in child care, health services, community development, and education reform. We are reaching out to work with State and local governments to stimulate others to invent their own ways to provide more young children with the opportunity for safe, healthy development and learning. For example, last month we announced the beginning of a five-year $16 million public-private partnership with the Conrad N. Hilton Foundation to provide intensive training to local staff teams in working with infants and toddlers with disabilities and their families. This initiative will strengthen Early Head Start services as well as stimulate improvements in other local programs. We are also working closely with States such as Oklahoma, Kansas and Minnesota as they design State programs based on the Early Head Start model and performance standards.

I appreciate this opportunity to report on our accomplishments and the exciting efforts of local Early Head Start programs and look forward to answering your questions.

Mr. SHAYS. Thank you very much.

Ms. Thomas.

Ms. THOMAS. Good afternoon, Congressman Shays. And good afternoon to our congressional delegation. Representative DeLauro, it is wonderful to see you. And good afternoon and welcome to Congressman Towns. I understand that Congresswoman Nancy Johnson was here earlier, and I had a chance to hear a couple of her comments. And I just wanted to make sure that I thanked her as well in her absence.

I am delighted to be here. And I am very happy to have this opportunity to talk a little bit about what Connecticut has been doing in this whole area of early care and education, in addition to the relationship of what we have been doing with the Head Start Program and the Early Head Start Program here in the State.

The subject of today's hearing is the Early Head Start's goals and challenges. And the purpose is to really examine the mission, plan, and the performance standards for Early Head Start programs. As you're aware of already, we have two Head Start programs operating here in the State of Connecticut, one in Stamford and one in Willimantic.

And I have explained more fully in my written testimony that you have before you, which I will be abridging for you today, you will be happy to hear, there is a lot more detail that I go into in terms of the testimony. But I need to give you a little bit of background on what the department of social services does.

We serve families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living. We pursue this mission with the help of about 2,300 employees with an annual budget of about $3.3 billion. Almost 50 percent of that comes from the Federal Government, much of it through the administration for children and families.

We serve adults, children, families, the elderly, the disabled. We administer over 90 programs, including our jobs first, welfare to work program that provides temporary family assistance, employment services, and safety net services to welfare families. We also provide child support enforcement, child care, food stamps, rental assistance, Medicaid, and a host of other services.

Our experience as the lead agency for child care here in this State I think really lends to a lot of lessons that we have learned in this whole area of really bridging Head Start and early care and education.

A couple of the points that I am really interested in making this afternoon, I have about five of them. The first one is that when it comes to increasing access and quality for child care, the impact and purpose of welfare reform cannot be ignored. I think that has been raised already as a critical issue. I think that it behooves to recognize that at the onset.

And certainly as it relates to time limits, I think that it is critically important that we understand that there is a relationship between the availability of child care and the capacity of parents to get into the labor market and to stay there.

The second issue is that the child care system cannot ignore critically important years including infancy and toddler. We certainly are aware that the majority of the support in the past has gone toward children who are either in school, before school, or preschoolers.

We know that the area of infancy and toddlers are very critical years. I think that all of the research that we are aware of certainly makes that clear. And I am pretty sure that Dr. Zigler again will hit that point for us.

Third, we believe that a whole child approach to child care is very important, to ensure systemic connections between the intellectual and emotional growth of children and their physical health and development.

And fourth, any discussion of expanding or creating more child care slots, or Head Start slots, or even Early Head Start slots, must really take into consideration some of the more brick and mortar kinds of issues that I would like to raise. And that is where are we going to put these little people that we have if we are not quickly able to build facilities and provide chairs and things of that nature, a critical piece for us as we look to expanding.

Policymakers really need to leave room for incentive for corroboration and innovation at the local level. And much of my thinking on that has to do with the fact that Connecticut has really moved forward in this whole area of school readiness and early care and education. Anything that is done at the Federal level obviously impacts what we do at the local level. It is really important that flexibility is involved in anything that we do going forward.

Let me talk a little bit about the welfare reform efforts here in Connecticut. I believe that you have some charts in front of you that I will direct your attention to. Through a combination of a 21-month time limit here in the State of Connecticut, we have actually helped thousands of families to move off of welfare into the labor market. I think that you will see by the first chart how the caseload has actually decreased based on that.

Mr. Shays. Can you read the title of the chart?

Ms. Thomas. TFA case load trends is the first one.

What this indicates to us is the number of families that have gone off of welfare and gotten into employment. Before we started our welfare reform efforts, we had almost 60,000 families receiving cash assistance here in the State of Connecticut. Right now that figure as of January is about 46,000 individuals who are going to work.

Related to that are children who need to have care and education. And you are certainly aware that child care is a critical piece of that.

The second chart that you will see there is TFA, temporary family assistance cases with earnings. When we first started our welfare reform efforts here in the State of Connecticut, we had approximately 7 percent of the families that were on cash assistance working. Through some policy changes, through a focus on employment, through building incentives for families to go to work, we have approximately 60 percent of all of those cases that are on time limited welfare that are working.

There is not a chart here on this particular piece of it, but I certainly would like to say to the administrator, Olivia Golden, that I am also happy to report that the State of Connecticut has met its work participation rates for this fiscal year that just ended. And believe me, they were not easy to do. But we have done that, and we are pretty proud of that.

Mr. SHAYS. That is called lobbying the process.

Ms. THOMAS. We have met that rate.

We will spend here in the State of Connecticut approximately $153 million in the area of early care and education here in this State. That does not include the Head Start dollars. Those are dollars that come through our CDBG, comes through our social services block grant, and comes through State expenditures.

Our Governor has made a strong commitment to this whole area of child care, moving from $28 million in State fiscal year 1995 to $153 million in State fiscal year 1998. So our commitment to early care and education is very, very strong in this State.

I would like to talk with you just a little bit about some of our thinking around our school readiness pieces. About 3 weeks ago, I had the opportunity and good fortune to sit in on a panel with the First Lady Hillary Clinton, along with Dr. Zigler.

I was pleased that much of what was included in the President's proposal included much of what we have been doing here in the State of Connecticut. To put it simply, our goal here in the State of Connecticut is to provide full year high quality child care that develops healthy and school ready children, not just for traditional preschoolers but for all children. And our efforts have been aimed at doing that.

I think that the research is really clear in that area. We certainly are aware that we must begin in infancy. And we certainly must be aware that there must be a commitment on the part of the State and a commitment on the part of the Federal Government to make that occur.

The whole approach to child care, I think that we have affirmed in the State of Connecticut is that we need to look at the entire child. We cannot build strong families and independent families, if a child is not really physically healthy. It is a critical piece of what we do.

The title XXI bill that was passed, the health care bill for children. Connecticut has actually moved forward and implemented that particular piece of it. Our particular piece here in the State of Connecticut offers some very different pieces including making sure that our title XXI health care for uninsured kids links with our child care and early care programs. That is a very critical piece for our State.

I also would like for you to know that in terms of corroboration, I think that corroboration is going to be absolutely critical as we move forward and take a look at one, whether you expand the early Head Start Program, that as you expand and reauthorize the Head Start Program.

In the State of Connecticut, we have taken a number of pages from the booklet of the Head Start Program, in promoting accessible and quality child care. Our school readiness initiatives include our own department of social services, the office of the Governor, and other public and private entities. Our Head Start and school readiness programs actually require that parents are involved and sit on the school readiness councils. It was included in the particular legislation that we passed here in State.

The local school readiness councils and our priority school districts are really the ones that are making recommendations to both the State department of education and the department of social services on who should be funded on a very local level. And parent involvement is a critical piece of that. It was mandated through our local legislation. And we believe that parent involvement is very important.

I heard you ask the other panelists who were up here whether it will work without parent involvement. I am of the opinion that if the parents are not involved, you do not have the buy-in, and it cannot work. I think that we have been really very lucky in this State to have great community-based organizations providing these services who have outreached to our families and made them a critical piece of the planning process.

We have institutionalized much of that here in Connecticut and have moved that forward with the school readiness councils.

We have linked the department of social services funds with the education department funds to be able to provide wrap-around services for Head Start. Where a Head Start program may be a half day and may be operating 9 months out of a year, we utilize our State dollars in order to make those full day and full year programs.

We have established a child care training academy, because we recognize that there are a number of child care providers who need to increase their own skills in the area of providing care and training to our children.

We have also expanded new ways of financing, how to build facilities through a child care loan fund and through something that we are calling CHFA, which is a financing program for facilities, so that they can borrow money at a very low cost in order to expand their facilities.

I guess that what I would say in terms of closing is that we view the Early Head Start program I think here in the State of Connecticut, while it is very new, that the potential for it in terms of being able to focus in on children early, by being able to reach pregnant women, by being able to reach them and provide services to their children early is very critical.

We believe that anything that we can do in the area of prevention is very important. It would be my hope that the more we do in the area of prevention, the more that we spend in that particular area, means that I will need to spend less on the kinds of services that I provide and that I operate.

Again, I am happy to be here and have this opportunity to talk with you about our programs in Connecticut, and certainly about the potential of Early Head Start and the Head Start Program. Thank you.

[The prepared statement of Ms. Thomas follows:]

Introduction

Good morning Chairman Shays. I am Joyce Thomas, Commissioner for the State of Connecticut's Department of Social Services. On behalf of Governor Rowland and his administration, I want to thank the members of our federal Congressional delegation who are here today. Thank you Chairman Shays, Representative DeLauro, Representative Johnson, Representative Kennelly, and Senator Dodd for giving me the opportunity to testify. We also want to extend a hearty Connecticut welcome to our guests from other states, including Representative Towns, Representative Snowbarger, and Representative Pappas. I trust you will let us know if there is anything we can do to make your stay more informative and more enjoyable.

Background on Department of Social Services

The subject of today's hearing is "Early Head Start: Goals and Challenges." The purpose is to "examine the mission, plan and performance standards for the Early Head Start program." Before I begin, let me acknowledge that we have two Early Head Start programs operating on Connecticut. Our interest in these issues could not be greater, particularly since the mission of the Department of Social Services is to serve families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living. To accomplish this mission, we employ about 2,300 employees, with recurring operating expense of approximately $142,000,000 per year. DSS is designated as the state agency responsible for administering a host of programs that directly or indirectly provide goods and services to poor and vulnerable families, women, men, youth, and children, including seniors and people with disabilities. We administer over 90 legislatively authorized programs, and approximately one-third of the state budget's federal funds. We administer most of our programs through offices located throughout the state. Services for most programs are available at 15 offices located in five regions. In addition, many of our services are provided through a network of community-based agencies, such as Community Action Agencies, homeless shelters, Workforce Development Boards, and senior centers. We also send staff directly into various communities to expedite and facilitate the provision of services. For instance, we are the first and only state social service agency to operate an office and provide a full array of services in a public-housing complex (Stowe Village, in Hartford). We also provide on-site services at various hospitals and Healthy-Start centers.

For families and children, *Jobs First* provides Temporary Family Assistance (formerly AFDC), employment services (formerly JOBS), and safety-net services to welfare families. We also provide child-support enforcement, childcare, Food Stamps, rental assistance and other housing-related services, preventive services, and medical services. For those who are elderly and disabled, we provide a State Supplement to SSI, Rehabilitation Services, Nutritional Assistance, Housing Assistance, Home Care, Pharmaceutical Assistance (ConnPACE), Nursing Home Advocacy, Protective Services, AIDS Drug Assistance, independent living, assistive technology, and medical services. For communities in general (without regard to age, family status, or

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disability), we operate the Community Services Block Grant and the Social Services Block Grant. We also provide Legal Services, Nutritional Assistance, Housing Assistance, Heating & Utilities Assistance, medical services, General Assistance, and a multitude of services that relate to homelessness and housing.

Connection between childcare and welfare reform

It is impossible to look at the field of childcare and early-childhood development without considering the effect of welfare reform. As you know, Connecticut has had tremendous success in moving families from welfare dependence to independence and self-sufficiency through employment. Through a combination of a 21-month deadline and a generous package of support and incentives, we have helped thousands of people escape the dead-end that was welfare. As of January, 1998, over 46% of our caseload were reporting earnings. Currently, About 1,000 families a month break free from welfare because of increased earnings. And we have exceeded the federal work-participation rates. Yet in all of our success, we have not lost sight of two facts: About 90,000 of the people who benefit from welfare are children under the age of 13. Of this number, about 25% are infants and toddlers.

A significant part of our success in welfare reform comes because we have affirmed that parents need support as they look for and retain employment, particularly in the area of childcare. It has been projected that within the next two years, 26,000 families transitioning from cash assistance will need childcare. This will lead to a demand for 35,000 childcare slots. Connecticut acknowledges that an increase in the number of welfare parents who enter the workforce must be attended by an increase in childcare access and quality. And we are meeting that challenge. For instance, in 1994, Connecticut spent approximately $28 million on childcare. In the current year, we will be spending approximately $153 million, benefiting about 30,000 children (up 42% from the year before). To meet the projected increase in the need for childcare, we will continue working with Head Start and other agencies to expand the hours, times, days, and slots for childcare. We also will keep working to establish and increase high-standards for quality and safety across the state.

Connection between healthcare and childcare

Connecticut also has affirmed that strong and independent families need healthy children. Beyond serving families on welfare, Connecticut has made sure that medical services are available for children up to 185% of the poverty level. Connecticut also has made sure that needed medical services are still available when a family moves off welfare. Just as critically, we have affirmed that the intellectual and emotional development of children should not be separated from their physical development. Our "whole person" approach to early childhood ensures that children receive virtually all of the allowable medical services, including immunizations and preventative care, especially in the context of childcare.

But we can do more, and with our HUSKY plan, Connecticut's own Title XXI program, more is what we will do. As you know, it is painful for the mother or father who can't help a child because money is too tight to pay for healthcare. Thanks to the unified efforts of the United States Congress, President Clinton, Governor Rowland, and the Connecticut General Assembly, we have launched a program that will provide health insurance to nearly 90,000 uninsured children here in our state. HUSKY will work like private insurance, and will be available to all families on a needs-tested basis. Depending upon income and the numbers of children in a family, the insurance will be available without charge, or with slight premiums, or with small co-pays. But the genius of HUSKY, if I can use that word, is that it will allow families from all across Connecticut to group together so that 90,0000 kids can access one of the finest packages of insurance services available in the state. That is the potential for HUSKY, but it's a potential that cannot be realized without effort and outreach. That is why a significant part HUSKY will be undertaken through outreach to and collaboration with Head Start and other childcare programs.

Brain research and Connecticut's leadership in childcare

About three weeks ago, I had the good fortune to sit on a panel with First Lady Hillary Clinton, who came to Connecticut to discuss the President's proposals to improve childcare. I was pleased to note that much of what President Clinton is proposing has already been advanced here in Connecticut. To put it simply, our goal is year-round, full-day, high-quality childcare that develops healthy and school-ready children, not just for traditional "pre-schoolers," but for all children, from infancy onward. As acknowledged by the White House, Mrs. Clinton visited "Connecticut to learn about exciting developments in the area of early learning." Much of what we have accomplished here in Connecticut has been derived from examples that we have seen in Head Start. And much of what we have learned and completed in the area of early childhood development can benefit existing and potential Head Start programs.

Dr. Edward Zigler, who will testify today, has been a great pioneer and educator in the field of what is now being called "brain research." What the research has shown, and shown conclusively, is that action and activity presented to children, from infancy onward, stimulate brain activity, promote intellectual and social skills, and -- what is perhaps most critical -- actually promote literal, physiological brain growth. When it comes to social, familial, and cultural policy, it becomes incumbent for all of us to recognize that a child's "education" should actually begin before first grade, before kindergarten, before nursery school, and before toddlerhood. Indeed, it should begin at infancy. Once this fact is affirmed and acknowledged, it becomes clear that the childcare, especially during the early years, must be systemically and culturally integrated with early childhood development and education. And it becomes especially clear that this principle must apply to children who -- because of poverty or any other reason -- are at risk, as well as children who are mentally, physically, or emotionally challenged.

Fortunately for all of us, much of what we have done here in Connecticut has been derived from the pre-existing examples that we have seen over the past 30 years since Head Start was launched. In this regard, it is important to note that Head Start's programs and practices tie into, buttress, and found what is now an emerging trend, one that Connecticut has taken the lead on.

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Because of the work and tradition that is Head Start, policy makers and the public in general are quick to apprehend that what we now call "childcare" is not just "babysitting." Rather, quality childcare includes a host of wrap-around services to promote health and safety, as well as intellectual, emotional, and cultural development for all children, including and especially those children who might be at risk or might be disabled. This is one of the great legacies of Head Start, one that we can continue to build on as our culture moves more and more into the realm of out-of-family care and early-childhood development.

Collaboration in Connecticut

We in Connecticut also have used Head Start as an example for early childhood organizational development. As originally crafted by legislation and implementation, Head Start is first and foremost about community collaboration, parental involvement, and parental empowerment. We in Connecticut have taken a significant leaf from the Head Start book by promoting accessible and quality childcare that is both innovative and collaborative. Our School Readiness initiative, includes own Department of Social Services, the Office of the Governor, the General Assembly, the Connecticut Departments of Public Health, Education, Children and Families, and Public Safety, as well as the Connecticut Health and Education Finance Authority, the Commission on Children, UConn, the Connecticut Community Technical Colleges, and local municipalities. Just as importantly, our local School Readiness Councils, like Head Start, invite and require not just community collaboration, but parental involvement and empowerment. The Commission on Children's Parent Leadership Training Institute, a program that the White House supported in principle at the recent forum on childcare, is integrally tied to the goal of getting parents more involved in school readiness and active on school readiness councils. In substantive as well as in organizational development, we all have inherited much from the legacy that is Head Start.

We have told you a small bit of what we have learned from the example of Head Start. But is also is important to note what we in Connecticut have accomplished through collaborative, systemic links to Head Start. First, recognizing the important role that Head Start plays in our communities, we have launched an initiative to extend Head Start operations. By uniting Department of Social Services funds, Education funds, and federal Head Start funds, we have been able to ensure that Head Start programs can offer comprehensive services to welfare and low-income families on a full-day, year-round basis. Through our School Readiness initiative, we've created an Early Childhood Training Academy and a Childcare Facilities Loan Fund, which can train and develop childcare personnel, and expand childcare capacity for Head Start and other programs. We also have partnered with the Office of the Governor, the State Department of Education, and Headstart to win a five-year federal grant that supports the Governor's Collaboration on Children. Through this very broad collaboration, which includes a multitude of public and private entities, we will develop and implement an action plan to ensure that children in Connecticut obtain all the services they need for their health and development.

As with Head Start, collaboration and innovation have been the keystones of much of our work in the area of childhood development. And while we're speaking of collaboration, we should

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acknowledge the support that much of this work receives from the federal government. While most of the funding for childcare and School Readiness programs come from state revenues, supplemental funds are received from Temporary Aid to Needy Families, the Child Care Development and Block Grant, and the Social Services Block Grant (SSBG). We greatly appreciate your continued assistance in ensuring appropriate and adequate funding that helps the states meet their childcare needs.

School Readiness

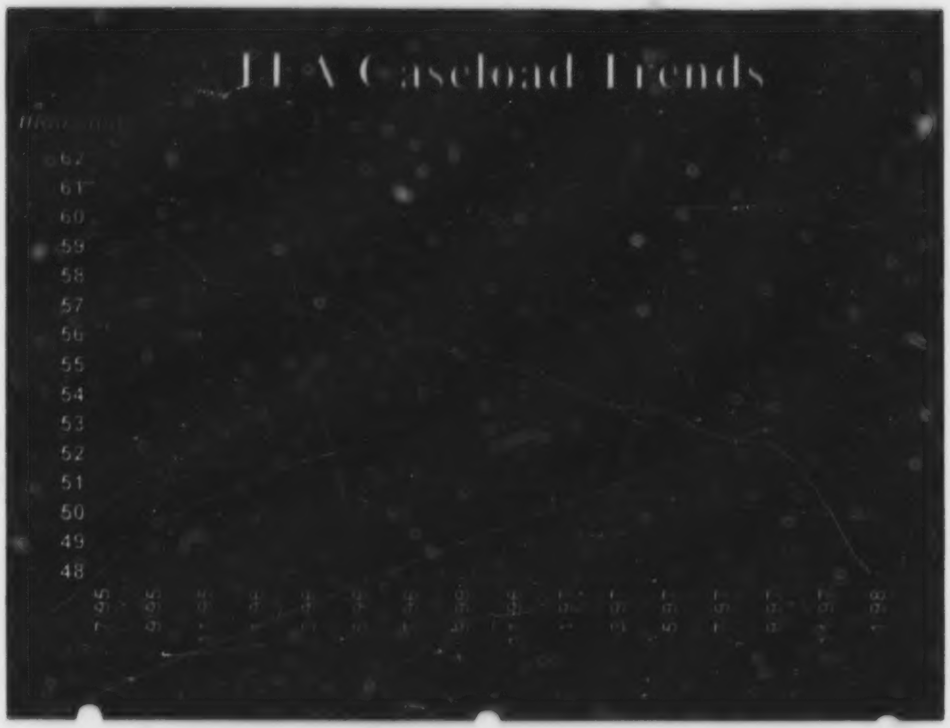
We have told you somewhat of how we and others have benefited from collaboration with and lessons from Head Start. Now we would like to talk a bit about our School Readiness initiative, because we sincerely believe that this landmark initiative has much to offer. Using state funds, and with unparalleled support from the General Assembly, we have launched a landmark School Readiness program across Connecticut. Through this landmark collaboration, the program effects a "perfect marriage" between childcare and early-childhood development. In programs that are now up-and-running in 14 priority school districts, this novel and innovative approach expands the supply of childcare, while upholding and increasing the quality components of caregiving and education so that children are both safe and school ready. By integrating health with early-childhood education, childcare facilities also provide extensive health care assessment and services. Especially because local needs can vary greatly, the programs are directed by local School Readiness Councils, formed by local mayors and school superintendents, which represent municipalities, parents, educators, businesses, health care providers, and other key members of the community. With the organizational and financial infrastructure in place, these programs meld child care, childhood development, and educational advancement so that three, four, and five years olds are fully equipped to attend and succeed in school.

At the same time, the program creates Connecticut Charts a Course, under which the Community Technical Colleges are helping child care providers become fully qualified in school readiness. Finally, the Connecticut Health and Education Finance Authority (CHEFA) administers the Child Care Loan Fund, designed specifically to help local councils develop and improve their child care facilities. To help children outside of the 14 priority municipalities, the program also allocates funds for severe-need school districts and for quality enhancement grants. At this point, school readiness targets children who are three and four years old. But, because development from infancy is so crucial, we hope to keep working with our partners to expand school readiness to include children from birth to three years old.

Conclusions

Our experience in Connecticut suggests how childcare and Head Start can continue to improve and develop. The childcare system cannot ignore the critically important years that include infancy and toddlerhood. The impact and purpose of welfare reform cannot be ignored when it comes to developing a childcare system that has more slots, more access, and more quality. As more and more welfare and other parents move into the workplace, childcare for all children, from infancy onward, needs to be available full-time, including mornings, evenings, and weekends. A "whole child" approach to childcare must ensure a systemic connection between the intellectual and emotional growth of children, their physical health and development, and their welfare and safety. Any discussion of expanding or creating more childcare slots must take into account the need to build more facilities. Expenditures for "bricks and mortar" and related capital improvements such as chairs, furniture, computers, and internet links must be taken into account. And in the end, there must be room and incentive for collaboration and innovation.

We are confident that others can benefit from the spirit of innovation and collaboration that is making School Readiness such a success in Connecticut, and we will be happy to answer any questions that you might have.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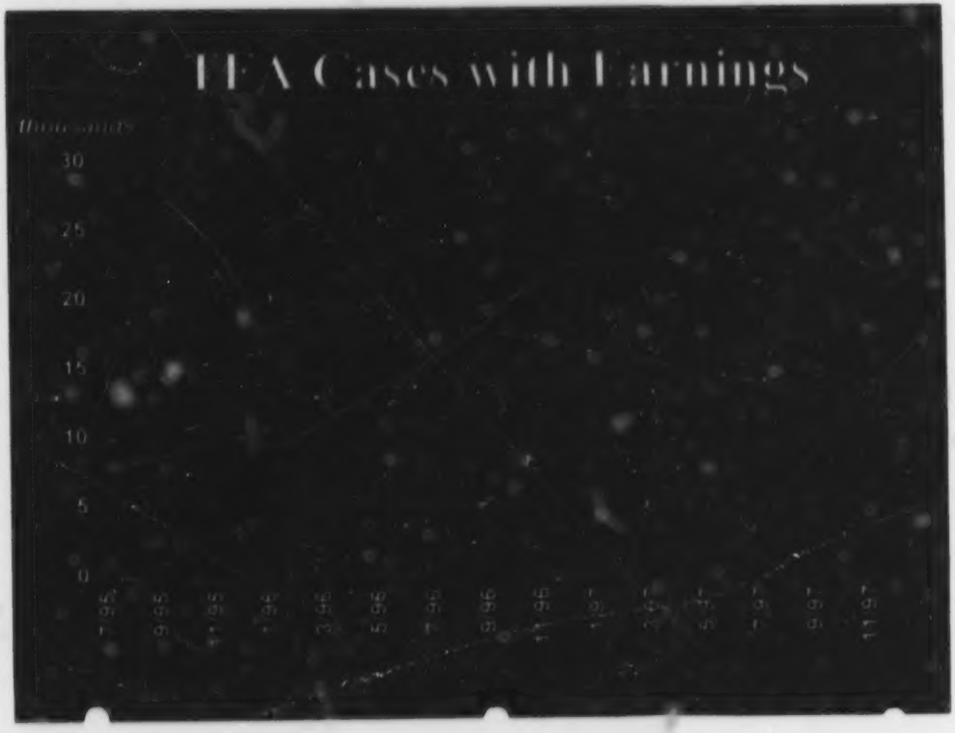
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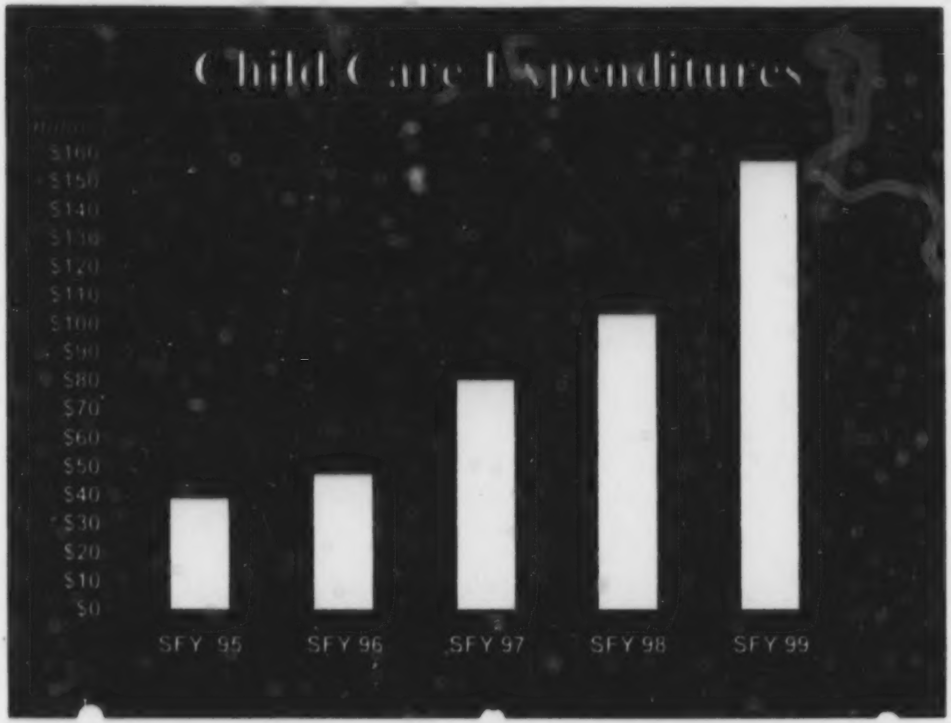

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Mr. SHAYS. Thank you, Joyce.

Dr. Zigler.

Dr. ZIGLER. Thank you, Congressman Shays. Thank you for giving me the opportunity to speak before this committee on the goals and challenges of Early Head Start.

I am Sterling professor of psychology at Yale University, and director of Yale's Bush Center in Child Development and Social Policy. I have studied the growth and development of children for well over 40 years now.

I was a member of the planning committees for both the Head Start and Early Head Start programs. In the 1970's, I was named the first director of what is now the Administration for Children, Youth, and Families. And in that capacity, I was the Federal official responsible for administering Head Start nationwide.

Today I have been asked to comment on Early Head Start from the scientific point of view. The wisdom of extending Head Start's philosophy and services to infants, toddlers, and their parents is well grounded in empirical research. Recent advances in brain research have provided dramatic evidence that an infant's brain grows rapidly in the first years of life, more rapidly than previously suspected, and that the early sensory experiences of the growing child play a determining role in the basic wiring of the brain for life.

At stake are the child's capacity to develop complex language skills, motor and visual coordination, and positive rather than negative emotional patterns. By the time that the regular Head Start Program begins at 3 or 4, many unused neural pathways have already been pruned away, and priceless opportunities to stimulate development have been lost forever.

Home visits, parent education, health services, and quality early child care experiences, the essential ingredients of Early Head Start, are most urgently needed in the critical first years.

Long before magnetic resonance imaging of the brain was even possible, we knew that Head Start alone was not enough to overcome the ill effects of poverty. It is very difficult to change the growth trajectory of a child living in poverty. But a principle has emerged from decades of research: the benefits of a program are directly related to its quality and its intensity.

For maximum impact, a program such as Head Start should be both high in quality and long in duration. This is the thinking behind Early Head Start and the Head Start Transition Project, which follows Head Start graduates into the first few years of elementary school with the same attention to health, nutrition, parent involvement, and other needs of the family.

The concept of linking different programs for children of different ages as they grow is consistent with what is called the developmental model. As children pass through different stages of development, they need different environmental nutrients. Just as good parents recognize the changing needs of their children and respond with the appropriate kinds of experiences and supports, interventions for poor children should do the same.

A study of resilience in economically disadvantaged urban youth in Chicago, published just last month in the "American Journal of Orthopsychiatry," confirms the correctness of the developmental model. The author found that children who have participated in a comprehensive preschool program that continued on through the second or third grade were far more likely to exhibit competence in academics and social adjustment than were children who had received only a preschool program or only an elementary program. Other studies have found these same effects, actually studies reviewed in my book called "Head Start and Beyond."

In the early years of Head Start, however, the program was threatened by the discovery of a fadeout effect. Initial dramatic gains in IQ scores immediately after children completed a year or two of Head Start were found 3 or 4 years later to be diminished, and after that vanished completely.

I have two comments to make on fadeout. First, IQ was the wrong thing to be measuring. From the beginning, Head Start was designed to help poor children develop the social competence necessary to make a positive adjustment to school. Head Start takes a holistic approach to children and school readiness, which includes health, nutrition, and the child's need for parental encouragement.

A more accurate assessment of Head Start's success in achieving its goals is gained by measuring long-term indicators of social competence, such as placement in regular classrooms rather than special education, and reduced incidence of delinquent behavior in adolescence.

On these measures, the Cornell Consortium data, especially the high scope findings, indicate that preschool intervention has considerable long-term effects. Second, the fadeout effect for IQ is not at all surprising. The very idea that 1 or even 2 years of special intervention in a child's life could ward off the ongoing devastating effects of poverty is pollyanna thinking, sometimes known as the inoculation model or a one-time vaccination against poverty.

Instead, to maximize the intellectual and social gains of Head Start and to prevent fadeout in either domain, I would recommend a series of linked developmentally appropriate interventions beginning with Early Head Start, followed by Head Start, which in turn is followed by a high quality program in the early grades of school.

For someone who has studied children for 40 years, it is gratifying to see that policymakers are using our scientific knowledge base to establish effective programs and policies for children and families.

Olivia Golden and Helen Taylor should be commended for taking the road map laid out by the bipartisan Committee on Head Start Quality and Expansion, and working very hard to improve Head Start's quality. The new performance standards are just one example of their wonderful efforts.

Due to their efforts, new performance standards for Head Start now cover services for infants and toddlers. Early Head Start is a prime example of the new conventional wisdom that the best programs for children involve both the parents and their children.

We might ask why it has taken 33 years since the launching of Head Start to mount a sizable high quality program for disadvantaged infants and toddlers. But at long last we have a program for very young children that insists on quality and is well grounded in our knowledge of human development. Thank you.

[The prepared statement of Dr. Zigler follows:]

House Committee on Government Reform and Oversight

Subcommittee on Human Resources

February 19, 1998

Testimony of Edward Zigler, Yale University

Thank you, Mr. Chairman, for giving me the opportunity to speak before this committee on the goals and challenges of Early Head Start. I am Sterling Professor of Psychology at Yale University and director of the Bush Center in Child Development and Social Policy. I have studied the growth and development of children for over 40 years. I was a member of the planning committees for both the Head Start and Early Head Start programs. In the 1970's, I was named the first director of what is now the Administration for Children, Youth and Families and, in that capacity, I was the federal official responsible for administering Head Start nationwide.

Today I have been asked to comment on Early Head Start from the scientific point of view. The wisdom of extending Head Start's philosophy and services to infants, toddlers and their parents is well grounded in empirical research. Recent advances in brain research have provided dramatic evidence that an infant's brain grows rapidly in the first years of life -- more rapidly than previously suspected -- and that the early sensory experiences of the growing child play a determining role in the basic "wiring" of the brain for life. At stake are the child's capacity to develop complex language skills, motor and visual coordination, and positive rather than negative emotional patterns. By the time the regular Head Start program begins at age 3 or 4, many unused neural pathways have already been pruned away; priceless opportunities to stimulate development have been lost forever. Home visits, parent education, health services and quality early child care experiences -- the essential ingredients of Early Head Start -- are most urgently needed in the critical first years.

Long before magnetic resonance imaging of the brain was even possible, we knew that Head Start alone was not enough to overcome the ill effects of poverty. It is very difficult to change the growth trajectory of a child living in poverty. But a principle has emerged from decades of research: the benefits of a program are directly related to its quality and its intensity. For maximum impact, a program such as Head Start should be both high in quality and long in duration. This is the thinking behind Early Head Start and the Head Start Transition Project, which follows Head Start graduates into the first few years of elementary school with the same attention to health, nutrition, parent involvement, and other needs of the family. The concept of linking different programs for children as they grow is consistent with what is called the "developmental model." As children pass through different stages of development, they need different environmental nutrients. Just as good parents recognize the changing needs of their children and respond with the appropriate kinds of experiences and supports, interventions for poor children should do the same.

A study of resilience in economically disadvantaged urban youth in Chicago, published last month in the American Journal of Orthopsychiatry, confirms the correctness of the developmental model. The author found that children who had participated in a comprehensive preschool program that continued on through the second or third grade were far more likely to exhibit competence in academics and social adjustment than were children who had received only a preschool program or only an elementary school program. Other studies have found these same effects.

In the early years of Head Start, however, the program was threatened by the discovery of a "fade-out" effect: initial dramatic gains in IQ scores immediately after children completed a year or two of Head Start were found, 3 or 4 years later, to be diminished and, after that, vanished completely. I have two comments to make on fade out. First, IQ was the wrong thing to be measuring. From the beginning, Head Start was designed to help poor children develop the social competence necessary to make a positive adjustment to school. Head Start takes a holistic approach to children and school readiness, which includes health, nutrition and the child's need for parental encouragement. A more accurate assessment of Head Start's success in achieving its goals is gained by measuring long-term indicators of social competence, such as placement in regular classrooms rather than special education and reduced incidence of delinquent behavior in adolescence. On these measures, the Cornell Consortium data, especially the High Scope findings, indicate that preschool intervention has considerable long-term effects. Secondly, the "fade out" effect for I.Q. is not at all surprising. The very idea that one or even two years of special intervention in a child's life could ward off the ongoing, devastating effects of poverty is Pollyanna thinking, sometimes known as the "inoculation model," or a one-time vaccination against poverty. Instead, to maximize the intellectual and social gains of Head Start and to prevent fade out in either domain, I would recommend a series of linked, developmentally appropriate interventions beginning with Early Head Start, followed by Head Start, which in turn is followed by a high-quality program in the early grades of school.

For someone who has studied children for 40 years, it is gratifying to see that policy makers are using our scientific knowledge base to establish effective programs and policies for children and families. Olivia Golden and Helen Taylor should be commended for taking the road map laid out by the bipartisan Committee on Head Start Quality and Expansion, and working very hard to improve Head Start's quality. Due to their efforts, new performance standards for Head Start now cover services for infants and toddlers. Early Head Start is a prime example of the new conventional wisdom that the best programs for children involve both the parents and their children.. We might ask why it has taken 33 years since the launching of Head Start to mount a sizeable high-quality program for disadvantaged infants and toddlers. But at long last we have a program for very young children that insists on quality and is well-grounded in our knowledge of human development.

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Mr. SHAYS. Thank you. We will have questions in a second.

Ms. Greene, welcome to the committee, and I look forward to your testimony.

Do you live in D.C.?

Ms. GREENE. I live in Alexandria.

Mr. SHAYS. Alexandria, close enough. It is nice to have you from the Washington area up here. Thank you for coming.

Ms. GREENE. Thank you very kindly.

Good afternoon, Mr. Chairman, distinguished members of the committee, representatives of the fine State of Connecticut, fellow witnesses, and honored guests.

My name is Sarah Greene, the chief executive officer for the National Head Start Association. And it is indeed an honor and pleasure for me to come before you today to testify on a topic as vital to the success of so many low income children and their families as Early Head Start.

I commend you, Mr. Chairman and members of the committee for demonstrating the foresight and commitment necessary to begin field hearings on this very important topic. I further commend you and thank you for your sensitive comments made at the beginning of the hearing.

And I also thank Senator Dodd, who is not here now, for his comments, and for taking the lead in 1990 to recognize the need for quality set-aside dollars to deal with critical issues in Head Start.

I come before you to share 29 years of experience in Head Start. But rather than talking about my experiences directly, I want to talk about the agency that I administered as executive director of the community action agency in Manatee County for 23 years.

We had a Head Start Program that serviced 350 3- and 4-year-old children, Project Child Care that served over 1,100 birth to 3 year old children, and an after school program for children up to age 12. The program was located in two of our Head Start centers. And we operated a summer program for children entering kindergarten who were graduates of Head Start, so they would have the benefit of a summer program.

Two years before I left Florida to come to Washington, DC, the child care community and the Early Head Start community came together and convinced the voters in Manatee County to pass an increase in sales tax with the dollars dedicated to improving and expanding the services to the early childhood community.

And so I come on this very important topic from a background of working with children from birth to age 12. And I again commend you on this very important topic.

Head Start has a rich history in serving infants and toddlers. For over 25 years, there were a number of migrant Head Start programs serving birth to 3. Also, the parent/child centers. From this rich experience, I am sure that the experiences as well as the learning from this was incorporated with the new Early Head Start Program.

The Head Start Association for many, many years advocated for expanding this program. And we commend the leaders of research as well as other advocates who have now laid this topic to the forefront of America.

I want to talk about the position that the Association takes as it relates to Early Head Start. First and foremost, we see the need for it to be a seamless program from birth to age 5. I think that many other testimonies of witnesses and our own experience tell us that the continuity of services is a must in order for children to have the full value of the experiences that are so necessary in order for them to succeed in public school and in life.

Also, we certainly would not want to see children receive services from birth to 3, pause, and go to whatever type of child care, and then enter public schools. The type of comprehensive quality services that are provided through the Early Head Start model and Head Start need to continue.

Second, because of the rich years of history of Head Start serving birth to 3 as well as the 2 years of experiences of early Head Start, we would like to see all Head Start programs eligible to serve 0 to 3 based on their community needs, their ability to set up the infrastructure, and the dollars to do so.

Currently, there is a 5 percent set-aside for 0 to 3, and programs may apply, Head Start and non-Head Start grantees. But all Head Start cannot from other sources serve the 0 to 3 population.

As you heard Elaine testify here in Connecticut and many other States, there is funding for a number of at risk 3- and 4-year-old children, that Head Starts have those available resources, and could easily move to serve the additional children that are needed in their communities.

Also, there are a large number of rural Head Start programs where they are the only early childhood program in their area, and would love to be able to serve that seamless number of children. So we would like to see the law changed in the next reauthorization to allow those programs that can to serve those additional children.

While recognizing that growing programs beyond the existing 5 percent or even beyond the 10 percent, which has been suggested by some Members of Congress, will require additional funding, research clearly and repeatedly demonstrates the money invested now in quality early childhood and family programs will pay large returns in future spending.

The need for additional research. Since the early 1980's, the National Head Start Association has supported comprehensive research on the impact of Head Start. On numerous occasions, Congress has authorized funds for that purpose only to fail to appropriate the actual funding. NHSA welcomes and I would say demands additional research examining the impacts of Early Head Start and Head Start on low income children and their families.

At the same time, the Association cautions Congress not to delay expanding services to infants and toddler simply to wait for Early Head Start specific research.

The role of the Federal Government. Head Start programs through its staff and parents have not alone made the program the quality as it is today. It has been through partnerships of the Head Start Bureau, regional offices, and the Federal Government. The oversight and monitoring provision of T&TA has helped the programs to the point where they are today.

The Federal Government has a huge responsibility in addressing the needs of low income families and their children in the post-welfare reform environment. Growth of early Head Start, enough to serve each community's needs, should be encouraged in both law and practice. This will give low income families the training and support that they need to enter the work force, and at the same time provide for the educational, health, and nutritional developmental needs of the children.

Federal oversight must ensure that growth of the Early Head Start Program occurs at a reasonable rate in order that quality is not adversely impacted. In addition, the Federal Government must continue efforts to convince States to work with Head Start, partner with the program to provide full day and full year services, and employ Head Start as a model after which other early childhood programs are designed.

The Association recognizes over the years that Head Start has grown more than double in the last 5 to 6 years, while the administrators of the program staffing has decreased, and this should be corrected.

In conclusion, a general commitment of Early Head Start means that it will be necessary to provide ample staff at the Head Start Bureau and regional offices throughout the country to handle the growth of the program, and the mentoring and monitoring of the program.

Additional spending will be required at the local level for facilities, staff, training, and other costs. We must keep in mind that the cost of serving each Early Head Start child is higher than that for older children enrolled in regular Head Start.

Clearly, we are taking a real investment here. But let's ask ourselves three questions. Given what we already know about the importance of early years, can we afford to do nothing? Knowing that an investment in children is an investment in the future, can we say no to those children currently unable to receive Head Start or Early Head Start services? Three, can we as an enlightened Nation continue to talk about the importance of children without adequately funding those services proven to make a difference?

I leave the committee to ponder these three questions. Thank you for the opportunity to testify.

[The prepared statement of Ms. Greene follows:]

Testimony offered by Sarah M. Greene
Chief Executive Officer of the National Head Start Association
before the House Committee on Government Reform and Oversight
Subcommittee on Human Resources
February 19, 1998
Norwalk, Connecticut

I. Greetings and Introduction

Good afternoon Mr. Chairman, distinguished members of the committee, representatives of the fine state of Connecticut, fellow witnesses, honored guests.

My name is Sarah Greene and I am the Chief Executive Officer for the National Head Start Association. It is indeed an honor and a pleasure for me to come before you today to testify on a topic as vital to the success of so many low income children and families, and as dear to me personally, as Early Head Start. I commend you, Mr. Chairman and members of the committee for demonstrating the foresight and commitment necessary to begin field hearings on this very important topic. In recognition of the Committee's schedule and in the interest of preserving time for additional testimony and follow-up questions, I will limit my oral testimony to a few brief remarks. I would ask that the Committee accept my detailed written testimony for the record.

II. Background

I come before the committee today to share some of my experiences gained through twenty-nine years of work with the Head Start program. I began as a Head Start teacher, then was promoted to director of a program, later became Executive Director of a Community Action Agency and Head Start Program, was selected as National Conference Chairperson, was elected President of the National Head Start Association and finally was appointed CEO for NHSA. My tenure with Head Start has given me an appreciation for the program gained from a variety of perspectives.

As CEO for the National Head Start Association, I speak today on behalf of over 800,000 children and their families, 150,000 staff, and nearly 2,200 Head Start programs across the country, including the 143 Early Head Start programs and the 22,000 families they currently serve. For those of you not familiar with the association, NHSA is the private, nonprofit membership organization that advocates for Head Start and supports all members of the Head Start community. The Association provides support for the Head Start family by advocating for provisions in law which will provide high quality services to children and their families, by providing extensive training and professional development services to all Head Start staff, and by developing and disseminating research, information and resources that impact child and family-oriented legislation and Head Start program delivery. Like the Head Start program, NHSA has a long and respected history of speaking for the interests of low-income children and families.

III. Head Start's History Serving Infants and Toddlers

We are all here today because we are interested in improving services to the very youngest members of our society. This has been an interest of Head Start since its inception.

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Though Early Head Start came into being only recently, with the 1994 reauthorization of Head Start, the 1994 change in law merely formalized and extended services which the program was already providing to infants and toddlers and their families. Head Start has a long and rich history of working with infants and toddlers in Comprehensive Child Development Programs, Parent Child Centers, Migrant, and locally-designed Head Start programs. Head Start, it should be pointed out, recognized the benefits of providing services for infants and toddlers long before such thinking recently became popular. Over the years, programs have creatively integrated services for infants and toddlers into their daily routines. Today, we have a wonderfully promising Early Head Start program based on a sound body of research and developed by a bipartisan panel. The problem is that it is available to only a very few individuals.

IV. NHSA's Position - Head Start as Seamless Birth to Compulsory School Age Program

The National Head Start Association has pushed for many years to expand Head Start services to more children from birth to three years of age. Though estimates vary, it is clear that presently only a fraction of the children and families eligible to receive Early Head Start services are being served. What is clear is that a quality early childhood development experience is invaluable in terms of the child's ability later to become a productive member of society. Similarly, quality family development services are of inestimable value, especially in today's post-welfare reform environment, in preparing parents to return to or enter the workforce. Head Start is unique in its ability to provide services to both children and their families. It is high time that we took seriously the task of providing these services to infants and toddlers on a national level.

Therefore, NHSA is requesting two things of this Congress.

1. **Expand Early Head Start to allow each and every Head Start program which can demonstrate a community need and which has the ability to grow to serve infants and toddlers to serve that population.**
2. **Make Head Start a seamless birth to compulsory school age program; and**

There is no logic in applying arbitrary set-aside allowances to the Early Head Start program. The existing 5% EHS set-aside has served the purpose of allowing the program to be successfully demonstrated. But the time for demonstration is over and the time for expansion is here. From now on, the 5% allowance should serve as a minimum level for EHS funding. Beyond that, program growth should be limited only by the need for services to infants and toddlers in each community.

Additionally, there is no justification for separating Early Head Start and "regular" Head Start. This separation only adds complexity to service delivery and complicates transition efforts. If we make Head Start a seamless program, children and families initially, then society as a whole, will reap the rewards. This change is entirely in keeping with the revised performance standards released recently by the Head Start Bureau.

Is it strange to suggest that Early Head Start should be grown in such a potentially dramatic fashion? The Head Start community thinks not. While NHSA recognizes that growing the program beyond the existing 5%, or even beyond the 10% which has been suggested by some members of Congress, will require additional funding, research clearly and repeatedly demonstrates that money invested now in quality early childhood and family programs will pay large returns in future spending.

V. The Need for Additional Research

Since the early 1980s, NHSA has supported comprehensive research on the impact of Head Start. On numerous occasions, Congress has authorized funds for this purpose, only to fail to appropriate them. NHSA welcomes and demands additional research examining the impacts of Early Head Start (and Head Start) on low-income families and their children. At the same time, the Association cautions Congress not to delay expanding services to infants and toddlers simply to wait for Early Head Start-specific research. Longitudinal studies, by definition, take years and decades to complete. If we wait until Early Head Start studies are published before we grow the program, we will deny perhaps two more generations of low-income families and their children Head Start services. This simply is unfair. It is also unnecessary.

There is already a wealth of information pointing to tremendous benefits gained, by both families and the community at large, through providing quality early childhood and family development programs like Head Start. True, these studies were not all done using Head Start programs, but there is no reason to doubt that, given high quality, Head Start programs would achieve the same results.

If Early Head Start is already accountable to the same (and in some cases more stringent) standards as regular Head Start and if the programs are reviewed according to the same process, what possible justification could be given for waiting until further research is completed before expanding the Early Head Start program?

VI. Role of the Federal Government

The federal government has a huge responsibility in addressing the needs of low-income families and their children in the post welfare reform environment. Growth of Early Head Start, enough to serve each community's needs, should be encouraged in both law and practice. This will give low-income families the training and support they need to enter the workforce and at the same time provide for the educational, health, nutritional and social development needs of their children. Federal oversight must ensure that growth of the Early Head Start program occurs at a reasonable rate in order that quality is not adversely impacted. In addition, the federal government must continue efforts to convince states to work with Head Start - partner with the program to provide full-day, full-year services and employ Head Start as the model after which other early childhood programs are designed.

Recognizing the need for expansion of services to infants and toddlers, acknowledging the fact that services to infants and toddlers are more costly than services to older children, and understanding the research which clearly demonstrates that money invested in quality early child development programs today will result in tremendous savings in years to come, Congress must boldly move to fund Head Start at a level which will ensure high quality expansion. Providing quality early care for our nation's children is not an effort which can be done "on the cheap". Head Start, including services to infants and toddlers, must be funded at levels sufficient to ensure continuing high quality training and technical assistance, monitoring, and oversight. These quality assurances must be funded at the regional level as well as the federal level.

Head Start performance standards, licensing requirements and numerous other regulations have been developed over thirty plus years of history. They ensure a high quality program, but only if appropriate funding and oversight are provided. A quality program means that low-income families and their children will adapt more easily and successfully into society. The first step in the process is for this Committee and others with jurisdiction over the Head Start program in both the House and the Senate to amend the Head Start Act to allow all Head Start programs to begin serving infants and toddlers. In an era of reduced federal spending, decisions to increase funding to Head Start to continue growing the program will be difficult if we look only at short term benefits. But if Congress focuses on the future, the answer is clear - Head Start funding must be increased to ensure continuing, high quality expansion.

VII. Conclusion

In closing, a genuine commitment to Early Head Start means that it will be necessary to provide ample staff at the Head Start Bureau and in regional offices throughout the country to handle growth and monitoring of the program. Additional spending will be required at the local level for facilities, staff, staff training, and other costs. We must keep in mind that the cost of serving each EHS child is higher than it is for an older child enrolled in regular Head Start. Clearly, we are talking real investment here. But let's ask ourselves three questions.

- Given what we already know about the importance of the early years, can we afford to do nothing?
- Knowing that an investment in children is an investment in the future, can we say no to those children currently unable to receive Head Start or Early Head Start services?
- Can we, as an enlightened nation, continue to talk about the importance of children without adequately funding those services proven to make a difference?

I leave the Committee to ponder these three questions.

Again, I thank the Committee for the opportunity to testify today on behalf of Early Head Start and I make myself available to the Committee now and at any time in the future to answer questions on this or any other matter.

Mr. SHAYS. Thank you for giving us the opportunity to hear you. Mr. Towns, you have the floor.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Let me begin by thanking all of you for your testimony. I just have a few questions here that I just want to clear up in my own head.

What process has the administration used to award Early Head Start grants?

Ms. GOLDEN. The process that we have used is national open competition, to be able to identify the best programs. When Congress enacted the Early Head Start initiative in 1994, one of the things that Congress did was specify a competitive approach. And there were really a couple of reasons for that. The biggest one was finding the programs with the best experience, track record, and opportunity to do quality services is important at any age. But it is especially important for babies and toddlers given their vulnerability.

Congress wanted to assure quality. And Congress also wanted to draw on the range of different programs that had experience with babies and toddlers, some of them coming from the health arena, some from Head Start, and some from other child care worlds.

So we had competitions. The winners of those competitions, many in fact have been Head Start grantees, and others have been health and mental health agencies, colleges and universities, a range of programs.

Each year, we have had many more high quality applicants than we were able to reach due to funding. And we are very grateful to the Congress in terms of the resources that we have this year that will let us get to some of those high quality programs that we have missed before.

Mr. TOWNS. What type of agencies have become Early Head Start grantees?

Ms. GOLDEN. A range of different programs. They are all local, nonprofit, or public agencies with a history and experience with infants and toddlers. The one that I visited last week called United Cerebral Palsy has experience serving infants and toddlers with disability related issues. You heard that the two Connecticut grantees are Head Start programs.

We have a variety of community agencies, health and mental health organizations, universities and colleges. So really quite a range of programs with very rich experiences.

Mr. TOWNS. I think that I am going to direct this to you, Mr. Zigler, and get your comments on it first. Some people have complained about the fadeout effect of Head Start.

What role do you believe that schools and other societal factors may have on producing that effect?

Dr. ZIGLER. I think that it is expecting too much of a 1-year program like Head Start to guarantee the well functioning of the child throughout the child's school experiences. We have some very good studies done by Dr. Lee at the University of Michigan that demonstrates that Head Start children go on average to very poor schools, very poorly functioning schools. You would expect fadeout.

If Head Start gets the child up to the starting line OK, and they hit essentially a very poor performing school, that is where fadeout comes from. That plus all of the other institutions that you mentioned.

Remember that these children often live in violent communities. They continue to live in poverty with all of the developmental risks that such a life entails. So we have to get away. You know, we forget that we are still victims of what I think is 1960's theorizing. People forget that the first Head Start Program was 6 weeks long. We actually thought that we could do all of that in 6 weeks.

We have learned a lot since then. And I can guarantee you that you cannot do it in 6 years, and you cannot do it in a year either. That is why, as I said in my testimony, if you really want to have impact on poor children who have all of these negative experiences throughout their lives, start with a program from 0 to 3, follow it with a really good program from 3 to 5, and then follow that with a really very good elementary school program in the first 3 or 4 years of school.

If you have that kind of a dovetailed intervention, all of our evidence indicates that then you see really robust improvement in these children.

Mr. TOWNS. Thank you very much, Dr. Zigler.

Yes, Ms. Greene.

Ms. GREENE. I would like to make two comments. One is that one of the goals of Head Start, the most important goal, is to provide children with the experience, so they can enter school ready to learn. I think that there is overwhelming research and studies to show that works.

I think that to keep looking to Head Start as to why fadeout happens in the second, and third, and fourth grades is looking at the wrong place. I think that Dr. Zigler articulated a beautiful example of what happens in the schools, et cetera.

Second, there are so many other aspects of Head Start that make it work for children and families that is not in the cognitive area. And fadeout I think primarily looks at that area. There have been thousands of children over the years where major health problems have been discovered and corrected because of Head Start, thus making the ready throughout life. Those kinds of things do not leave children in second and third grade.

Many of the other kinds of services, social services, nutritional services, those things are part of that child, and they need them at that time for growth and development. And they are still part of them forever.

So I think that we ought to look beyond just Head Start as to what happens in that one area when they get into school, when they get into second, third, and fourth grades. They enter ready to learn. Elementary principals tell us this all of the time, and there are studies that indicate that.

Mr. TOWNS. Are there other comments?

Ms. THOMAS. Yes, I would like to address that. This issue of fadeout, which is actually one that I have just very recently become familiar with, where children actually begin to lose learning as they leave the Head Start Program and go into school, I guess that from my perspective that I just want to kind of echo much of what has been said.

And that is that what we are talking about here is really a poverty issue, and not necessarily whether this program has done its job or not.

It appears to me, at least from the data, it appears that the Head Start does its job up to the point where kids get into school. And there are some other issues there having to do with issues of poverty, and having to do with issues of an education system that perhaps needs to be looked at differently and changed as well.

The whole area of hope for children, poor children, career education, mentoring, all of those other areas are areas that I think policymakers have to have the opportunity to take a look at as well. It is not the silver bullet that is going to solve all of the poverty issues. There are lots of other areas that we need to take a look at. And where we have made changes in the Head Start Program and focus in on poverty, there are other systems running parallel that we also need to take a look at as well to continue the learning going forward on Head Start.

Mr. TOWNS. Yes, Ms. Golden.

Ms. GOLDEN. Just to underline two points. The first is a point that Dr. Zigler made in his testimony, which is that not only do Head Start Programs get children ready for school, which is universal throughout the research, but there is also evidence that if you measure on real life outcomes and not on IQ, that there are effects in terms of less retention in grade in school, and less special education placement.

And to me, that is impressive and often astonishing when you think of other things going on children's lives. So it is important to note that there are those effects.

The second thing that I would highlight, and again it was in Dr. Zigler's testimony, and it relates to something that Chairman Shays mentioned earlier, is that there is certainly some research evidence suggesting that more long lasting and more intensive programs have longer effects. So starting early makes a difference.

And Chairman Shays, regarding your suggestion that a longer number of months might make a difference, I do not think that is proven, but it is consistent with what researchers see. So, for example, early Head Start Programs are typically 12 months long to ensure that children are receiving those services.

Mr. TOWNS. Let me just go back to you again.

Have we had enough time to evaluate the 1994 reauthorization amendments, that those amendments have had on the program in terms of performance, of course, and technical assistance, have they been around long enough to really evaluate what has gone on with that?

Ms. GOLDEN. My sense is that overall what we know about the 1994 reauthorization is that the key elements of it were on track. That is the focus on quality, on the performance standards, on technical assistance, and on monitoring. We have been doing some looking at programs in terms of observing, and seeing quality that is dramatic. Programs really are living up to the Head Start vision.

On the Early Head Start side specifically, the first range of programs have about a year's experience. We have experience on the technical assistance and monitoring side. We have a strong research evaluation going ahead.

We do not specifically have evaluations of the Early Head Start Programs. But as Dr. Zigler said, we have a body of research which the experts used to help us design those programs. And that is why we think that there is a substantial consensus that would lead to dramatically increasing the investment in young children.

Mr. TOWNS. Do you want to add something to that, Dr. Zigler?

Dr. ZIGLER. Well, we have a body of work. This is not the first infant and toddler program that the world has ever seen. There have been a number of other efforts. I would point to the parents as teachers effort throughout the State of Missouri, which is just a home visitation program, not nearly as rich as Early Head Start, but nonetheless has reported some very positive findings.

So I concur that it is too early. I have looked at the research evaluation that has been put in place under Mathematica and Columbia University, and I am very impressed with it. We are going to have this evidence in short order.

But I think that we already have enough knowledge about the importance of the first 3 years of life, and what works and what does not work, that I would be absolutely amazed if these early results did not show some pretty robust findings demonstrating the value of this type of program.

Mr. TOWNS. Thank you.

Some people are concerned that the funding of our Early Head Start will diminish funding for regular Head Start.

How would you answer that concern?

Ms. GOLDEN. Well, I guess I would point to two things. First, I would point to the President's budget proposal, which is a commitment to continuing the expansion of Head Start to a total of a million children, continuing to ensure that we expand our reach in the preschool program, as well as a commitment to doubling the size of the early Head Start Program.

And we came to that proposal in the context of a balanced budget. Because we believed, as I think every other panelist has said, that what is critical is that continuum of services for young children, that we have to invest more in the infant and toddler years. That is what the scientific research is telling us very persuasively.

In addition, we need to keep high quality programs out there and reaching more children in the preschool years. By the year 2002, if we make the President's target, we will be serving about half of the eligible children. We will not be to everyone yet.

So it is really important to proceed across that continuum. And what we did and obviously hope that the Congress will do as you reflect on the budget is identify the tradeoffs elsewhere to make sure that we are able to make these critical investments in young children.

Mr. TOWNS. Thank you very much.

Ms. GREENE. I would like to make a comment regarding that question. While the association and the practitioners that we represent see the need and certainly support expanding Early Head Start, we would like to see the Congress do it in a way that holds Head Start harmless, in that while we expand that we do not forget about the commitment that has been made for funding all eligible existing Head Start programs. And we are many, many thousands of children away from doing that.

I cite an example of the 1995 appropriations where for almost 7 months Head Start programs operated with a 4-percent cut, because there was a proposal to actually cut Head Start by that amount. And we ended up that year with really flat funding, with no increase.

And the way the law is currently written, had Congress not, at the very last minute, added the $36 million needed for the 4-percent set-aside for Early Head Start, the present program would have received an actual cut.

So while we commend and see the need to enhance and expand the programs, it has to be done in a way that does not diminish from the present program and the commitment to that program.

Mr. TOWNS. Yes, Dr. Zigler.

Dr. ZIGLER. I would like to speak to that, because it is a very important issue, especially early in the game, as to how we conceptualize Early Head Start and how it fits into the Head Start effort.

It is not very well known by many people, but Head Start has a very long tradition as a national laboratory for early childhood. There is a fact that people do not want to really confront. And that fact is that 0 to 3 in this country, child care in particular, is really in a very sad state.

Just to give you one number. In a four-State cost/quality outcome study, we found that 40 percent of infants and toddlers in child care were in care that was so poor in quality, that the children, never mind optimum development, their safety and health were put at risk. Unfortunately, one of those States was Connecticut.

I say this because in addition to mounting an important Head Start Program, from day one, and I was there, Head Start has always committed itself to trying new programs to be at the cutting edge.

Right now, the Nation very badly needs a demonstration of how programs for 0 to 3 should look, because there are so many bad programs.

So, over the years, Head Start has mounted Home Start, which worked and was expanded, CDA, family resource centers, on and on and on. I think that Early Head Start ought to be viewed not as a huge new program. In terms of its size and the numbers that you are dealing with, it is not huge. We are not talking anywhere near the 750,000 children that are in Head Start.

The way to approach Early Head Start is as a very important experimental effort to see if you can monitor programs, and so that you demonstrate to the entire Nation what a good program for infants and toddlers would look like. And given the kind of money that is committed to it, that is really the way to do it.

And obviously, if you can demonstrate great success, then the Nation may want to take the next step, and really go after a very serious expansion of the kind that Sarah mentioned. But that is premature. Right now, the big program and the one that we must protect and expand, as is written in the new budget program, is Head Start. And mount this very important experience, and do it very, very well. Evaluate it, and then see what the next step might be.

But right now, I think the way to view this is not as a massive new program that is in some kind of competition with Head Start, but rather as a very important experimental effort that will inform this Nation on some very important issues about early child development.

Mr. SHAYS. What happens, though, if you really come and make an assessment that Early Head Start is even more important than Head Start?

Dr. ZIGLER. Well, that is a very good question. There are things happening in this country. I am a lot closer to the end of my career than its beginning. But if I look into the future and try to answer your question, Head Start had a tremendous impact on this Nation. Head Start is now very important, and we all work for it. But the fact of the matter is that we now have 28 States, including Connecticut, which just last year started their own State program for preschool children.

The wonderful report, "The Years of Promise," by our best thinkers said that where this country ought to go is universal preschool education. We should not just be having preschool education for Head Start children, but we should have preschool education for every single child.

Head Start today, if you make $5 more than the poverty line, you cannot have Head Start. Someday this country will really learn the lesson from Head Start, and say OK, let us have a Head Start-like program for every child in America.

And once you do that, and it is beginning to happen now, it is happening right here in Connecticut as we speak, and it is happening in 27 other States. California is thinking about a universal 3 to 5. Georgia and New York decided to start only with 4's, which I think is a mistake. You start with 3's, if you are interested in preschool.

Now when that day comes, when that day comes, that is the time for all of you in Congress to take a good fresh look at Head Start, and say hey now we have got this data on Early Head Start, now the States may well be doing preschool education. Let us take this rather sizable Head Start budget and concentrate it on the years from birth to 3.

So that may be the future of early childhood intervention, but that is down the tracks some years.

Mr. SHAYS. I was asking the question, recognizing that it would be rather cruel, I think, to have a focus on a family and children at 0 to 3, and all of a sudden pull the rug out from under them, and have a gap between 3 to when they go to school.

But you seem to imply that we could wait and focus on Head Start, and you almost use Early Head Start as a research effort. And it seems to me that if you really believe that 90 percent of your brain develops in the early years, then how can we afford to wait? That is kind of what I am wrestling with.

Dr. ZIGLER. Well, it would be a very dramatic change. And the evidence really is not in. The other thing is simply cost.

Congressman Shays, if we had all of the money in the world, my advice to you would be do not wait a second, do both programs, do them huge, do not wait for the evidence, that we have enough evidence. But we do not have the money. You know, the amount of money that is actually going in, you are talking 4 percent of the Head Start budget.

Mr. SHAYS. Let me do this. I get a sense now of what framed your conversation. Let me wait until I am going to ask some questions, because I would love to get into this. You were doing our job in a sense. You were telling us that, given the resource limits of how you put your money. I am sorry to interrupt.

Mr. TOWNS. It is OK, it is OK. I am very interested in that. Let me say though on another route which sort of triggered some other thoughts, that studies have shown that girls tend to be equal with boys in math and science until about the third or fourth grade. Now we see something going on at the same time with Head Start graduates.

Are there studies to show that something is going on in terms of the culture maybe at that stage at a time in those grades?

Dr. ZIGLER. Yes, there is. There is a whole body of work, a lot of it done by Carol Gilligan and others, that demonstrates that there is a very complex set of circumstances, and it has to do with girls' self-image and the way that they are treated that leads to this dropoff that you are correct in pointing out.

It is not related particularly to poverty. It seems to be a particularly general cultural feature, in which girls simply get a message about themselves that they are not as capable of doing this as boys.

Programs now are beginning to work on that, and hopefully we will see the end of that phenomenon, because things are changing. But the work is fairly clear that the drop off that you talk about is certainly there. And it seems to be a general cultural phenomenon that cuts across socioeconomic classes. A lot of it simply has to do with giving children, girls in particular, certain better self-images about themselves that they are indeed capable. But that is about where we are now.

Mr. TOWNS. Thank you very much.

And thank you very much, Mr. Chairman, for your generosity in terms of time.

Mr. SHAYS. We will come back, if you have some more questions. Ms. DeLauro.

Ms. DELAURO. Thank you very much, Chris.

I have some questions. Dr. Zigler, you have been doing the work that you have been doing for a very, very long time. And in the research, you have also been dealing with the Federal Government, and with congressional committees, and Congress for a very long time.

I will just give you my personal view at the moment. I think that we have an amazing opportunity. I wish that we were going to be in session longer than we probably are going to be. There have been estimates from 57 to 70 days as the amount of time. Because I happen to believe that the external pressure for child care, for Head Start, for the preponderance of information with regard to the scientific research on what we are understanding as the way that we could impact the lives of our youngsters, has reached a critical mass.

And as you know better than I do, because you have been dealing with the Congress a longer time, that when you have an external push, an external desire for a change, and you have the beginning of the internal recognition that that is occurring, that in fact what you are able to do is to move down the field.

I am of the view, again with limited experience in the Congress, that the window of opportunity is open for a very short time. And I think that we have got to take a look at what our values are and what our priorities are. And also looking at resources, but where those resources are placed.

And I think that we can do no better than to take what data you have uncovered, plus all of the research, you said that probably we may have all of the research we need, you know that again better than I, of where we need to go with Head Start, what we can do with Early Head Start, and how we can change the direction of the lives of our kids.

I am imploring you, because those of us up here, and I think I say this fairly, we are regarded as political people, as politicians, and have one side of the coin or the other of what you are trying to defend. But you and others who are sitting here have the data and the information that says if you do not move now, you are going to lose valuable time, and you are going to lose children.

So I am imploring all of you to really make your voices heard. We cannot do it all. But damn, we can move along this thing as fast as we can to do what we need to do with evaluating Head Start, and making sure that is working and going forward, closing down the pieces that do not work, looking at the research and moving it, and finding out how we expand those Head Start places to Early Head Start, and trying to build with the model of Head Start with the evaluation process what we need to do in Early Head Start to get going.

Otherwise, that data that has been uncovered is going to sit on that shelf. It is not going to go anywhere else, and something else will fill the vacuum at the moment.

And I say please, be the catalyst and be the force that presses us to move, and to move as fast as we can given the climate that we have in moving forward. Because I think that you have got the data, and hopefully we have got the will, the political will, to move this ball forward. Dr. Zigler, please.

I did not mean to make a speech. But I am telling you that I have watched this place open up and close in a second, and I do not want it to close on Early Head Start at the moment.

I wanted to ask Sarah Greene. You talked about HHS evaluating current Head Start grantees and looking at their ability to deal with children 0 to 3.

Given that caring for preschoolers is different than caring for infants and toddlers, how would you recommend that HHS go about evaluating the existing programs for preschoolers to determine whether or not we can move these programs and expand them 0 to 3 successfully?

Ms. GREENE. Well, first of all, I would say, again looking at my own experience in working with the Federal Government, the regional and the Federal offices, for a number of years, make two visits a year to a program assessing what you are doing, providing followup training, (T&T), responding to your needs and questions immediately within 30 days, and then go to every 3 years indepth, to telephone calls occasionally.

And I would have to say what we see is lack of resources. Again I want to point out, and I am going to get to answering specifically, that while Head Start has expanded or tripled in the last 5 years, and Early Head Start is steadily increasing, the people who worked to help us make it work successfully, through whatever process you are using to downsize Government, have more than decreased by the same amount.

They both go hand in hand. I do not see how we can just talk about expanding Early Head Start and doing what we do for Head Start and not look at that, and just act like it does not exist. We do not exist in a vacuum. And with Early Head Start in particular, the liability and the credibility that we need in order to serve those infants we'll need qualified people in those offices to help train and to help monitor.

I listened, as I visited the Early Head Start training recently in the District of Columbia, to the new grantees. A couple of people who have been working in child care for years and have grants, talked about the vast difference in terms of the requirements and what they have to do. And they were astonished at what they were going to have to do, and they were willing to do it. But they were talking about that need for that kind of one on one assistance or good technical assistance from the Federal Government.

So I say that you just cannot talk about the program and what we need to do. It also impacts the quality and how we need to do it. We need to evaluate whether or not they have qualified staff and resources to administer and set in place the evaluation of the program.

Ms. DeLauro. There is also some understanding, and correct me if I am wrong, of a shift to oversight, monitoring, and the training, and technical assistance responsibilities for Early Head Start, to decentralize if you will, to move from Washington to regional offices.

Is this transition proceeding and is it going to work?

Ms. Greene. It is proceeding, but you need more. It is almost like in Head Start when we started yelling for years about the poor quality. When we got additional children, all we were doing was adding other responsibilities on top of existing staff, until through the 1990 reauthorization, we started getting money for quality set-aside. And years later, we started adding sufficient staff to do the job.

It might be shifting to the regional offices some other place, but I do not see new people coming in. I see adding additional responsibilities. That is what program people see. That is why we feel we need responses to our calls and to issues.

Ms. DeLauro. Olivia.

Ms. Golden. Maybe I could speak a little bit to what our technical assistance strategy is, because I think that Congress made some really important and helpful choices in the reauthorization. And to me, it is critical to keep them in order to have quality support for Early Head Start.

There is a set-aside for training and technical assistance. So in addition to our own staff, we do a great deal of our technical assistance through contracts and grants with the experts in the field nationwide.

So what you heard in the comments from the programs about the level of support that they feel, the awesome training, the ability to call to have someone onsite, we do that through a combination of what our own staff are able to do, plus having the best experts in the country available.

And what we tried to do, and I think that there is nothing more important for Early Head Start to work, is truly intensive and effective technical assistance and training.

So what we have been trying to do is have initial orientations that are intensive. The access by phone and by site visits. The training that you heard about for the staff, and then the monitoring visits. And again, for all of those, our own staff are supplemented by the outside experts. And I had a chance to visit a program the other day, which had just been through a monitoring visit with both a Federal staff person and a range of outside experts, and they emphasized to me the ways in which they learn from that intensive experience.

So what I would want to underline is that I think that training and technical assistance is critical. And I think that the contributions that Congress made in making sure that there are set-aside resources to go to that are central to success.

Ms. DELAURO. Let me just ask you a followup question, Olivia, which has to do with the initial timetables, I understand it, that HHS planned to deal with the budgets for Head Start applicants, awarding the grants if you will. That those that were to be awarded in 1999 have slipped, and people are not going to know until September 1998 whether or not they have money for October or November.

Is this accurate, that looking at the grants, in other words, there are lots of grants, and I do not know what your staff resources are, to look at them, would a peer review process like we deal with NIH, would some of that be helpful in making sure that the applicants get their grants in a timely way, so we can proceed with what Dr. Zigler is talking about in terms of looking at the demonstration programs, making sure that they are there?

Ms. GOLDEN. Let me tell you a little bit about timing and process. I do not know about an issue of delay. In 1997, last year, we did a nationwide competition. We had many more high quality applicants than the amount of dollars appropriated. So we did not reach every high quality applicant. We went to the number that we had money for.

What we are doing this year, and it will actually be in the next few weeks, it is not a matter of September, it was a matter of getting the appropriation, we will be able to reach the next group of quality applicants from that list.

In addition we anticipate doing another competition this year. Through the generosity of the Congress, which appropriated $50 million additional resources, and the increase in the set-aside this year, we have a lot of additional resources to invest in Early Head Start this year.

We are going from about 22,000 children served last year to up to 39,000 this year, so a very big increase is taking place right now. So in addition to reaching the high quality applicants from last year, we are also expecting that we will do an additional competition this year.

And just to give you a flavor of the pace of expansion, as you think about that, in the first year, 1995, we distributed grants to serve about 18,000 children. This year it will be 39,000. And in the President's proposal, by the year 2002, would seek to double that again to almost 80,000 children. So that is the scale of the expansion that we are proposing.

Mr. TOWNS. Would the gentlelady yield?

Ms. DELAURO. Sure.

Mr. TOWNS. What we are hearing though around the country is that even when people find out that the application has been approved, they are saying that there is not enough time to do the kind of planning that needs to take place in order to have a quality program. In other words, to have the kind of teachers in place, the facility, and all the kind of things that you need to have in order to hit the ground running and running right.

In other words, it is like starting a football team without a uniform. You know, you have to go buy a uniform and do all kinds of things to get the team on the field.

And they are saying that a lot of time goes into that. Where in all of that time, you should have been able to do that before the funding. So that it would not cut into the kind of programs and the kinds of things that you need to do to be able to be successful. That is what we are hearing as we move around the country.

Ms. GOLDEN. That is useful, and it may be worth doing some thinking about solutions to it. I do think that one of the things that we have learned is that programs have a lot more of that kind of planning and preparing to do than they thought they did. Programs have a year of planning and implementation time after the funding.

There are a couple of things that could be behind that concern. One thing could be that they are feeling enormous pressure to get up to speed. And a second thing, which I think is behind it for some programs, is that even for very high quality programs, as you heard from the earlier panelists who had an Early Head Start Program, the standards will stretch us even though we are already at accreditation.

Other programs have said to me that it is not just that the standards will stretch us, it is that parents' lives have changed since we wrote the application, so we have to deal with more working parents.

So one of the things that I think may be happening is that after programs get the money, they have more new things to deal with than they thought. But I think that we probably should hear from you specific concerns, so we can see if there is a way to address it. It sounds like something that we should deal with.

Mr. TOWNS. Thank you for yielding.

Mr. SHAYS. I am listening to all of you. And it is confirmed when I look at all of you and think of your backgrounds. You all have kind of a diverse approach to this. I mean you have different responsibilities. Joyce Thomas has to implement welfare reform and how it plays into this. And I do not want to miss an opportunity to pursue a few points here with you.

First off, Dr. Zigler, I was getting confused why you call it a 1-year program. It is a 1-year program for the 4-year-olds.

And do I make an assumption that most 5-year-olds are going into kindergarten, going into elementary school?

Dr. ZIGLER. Yes. One of the aspects of Head Start that saddened me is that Head Start started as a program for 3's and 4's. We have considerable evidence that should surprise nobody that a preschool kid who has a 2-year program does a lot better than a kid who has a 1-year program.

What happened during the Bush and Reagan administrations is that a great effort was made to make this a program just for 4-year-old children. And the demographics of the programs are such that that has indeed turned out to be the case. And I think that this has been done at a cost. I mean it allows them to serve a lot more children, of course.

Mr. SHAYS. In other words, they decided to get more 4-year-olds at the expense of covering 3-year-olds?

Dr. ZIGLER. The issue was a very simple one, as I witnessed it, and that was what percentage of eligible children are served. The problem with Head Start from day one is—even today we only serve about 40 percent of the eligible children. So what seemed to be driving them was how can we increase the percentage of eligible children in the program. And one way, of course, of doing that, instead of giving some children 2 years, make sure that everybody only gets 1.

Mr. SHAYS. That solves some of my confusion. I am beginning to think that I should begin to think of Head Start as three and four, and Early Head Start as maybe one and two. Not that you want to have me think of it that way.

But I am absolutely convinced that the President and Congress are going to be judged by historians on the success or failure of welfare reform, that President Clinton will be viewed as a successful President, because he reoriented his party and his country toward a different view, and it proved successful. If he reoriented toward a different view and it is not successful, then my view is that he will be judged fairly harshly by some, as will Congress, a Republican Congress that has been advocating welfare reform for as long as I can think of myself as a Republican.

And if in the end what we advocated for so many years fails, and then we go back to our old ways of this dependency on Government, I think disaster results.

I look, Joyce, and think that you have the challenge of making something work with 21 months. Now welfare reform, it seems to me, is going to involve lots of effort. First job training for work and training for the adult. And the money and the transportation to get them to wherever they work. And the other component is that they are not home with their kid.

And so we have this added impetus. And this is why I think that the window is there. Because I can go to my own Republican colleagues and say, "you know, you want welfare reform and I want it, but who is going to be with that child?" And the best argument is that it should be a Head Start kind of program, which empowers the parent and involves the parent as much as possible. I mean that is a view of empowerment and educating both.

So I am just basically backing up that point of there being a window. What I am confused about, and now I have a better sense of why we focus on fadeout, is the basic concept that 1 year is really 8 months, is it not, or 9 months?

Dr. ZIGLER. Nine months.

Mr. SHAYS. So it is not even a year. It is 9 months. And we know that they have got Head Start when they start, but is that long enough to maintain. And I just think that you do not have to be a rocket scientist or need a lot of studies to know that is not enough time.

So where am I headed here? Where I am headed is, as I was listening to Rosa, that she is right. We have a window of opportunity if we do it right. And so maybe I will just throw it open to you.

Ms. THOMAS. I am dying to say something.

Mr. SHAYS. Go for it.

Ms. THOMAS. I think that the thing that I want to say is I think that the window of opportunity is here and it is now. I think that we really have to take advantage of it. And I think that there are factors that are pushing it. And it is indeed the fact that there is welfare reform here in this country nationwide.

Connecticut's experience in moving forward with our own pieces of school readiness legislation that dramatically changes the way that we are providing services here in this State was driven by a number of facts. One, the brain information that we had. The data were coming out, and lots of people were talking about that. Two, we have families who are getting ready to reach the end of the 21-month time limit. And folks are concerned about making sure that their kids are in quality care kind of situations.

But I will caution you that we did not just start that process in Connecticut. We have been working on that process for almost 3 years. The Commission on Children has been involved with that, in terms of talking about what it is going forward that we are going to need to do to meet the needs of children, and to meet the needs of working parents.

So it is not anything that I would say is actually going to happen overnight. I think that we are going to need to address this issue. I think that the first time around that we will not get everything that we want for Early Head Start. But I think that coming back that we may get the additional services that we need to get for it.

But I think that clearly that welfare reform is driving a lot of this. We know that temporary family assistance families, that all of them are eligible for the Head Start Program. So we are talking about the same population.

There is another piece that I think we need to consider when we are talking about priorities. And that is I think that there will be some questions regarding priorities. There will be questions regarding whether you put additional funding toward Head Start, or whether you put additional funding toward Early Head Start, or whether you put additional dollars into the whole area of CDBG.

There are going to be some real considerations for that. Because frankly, I do not think, and it has not been my experience in this area, that anything is going to be fully funded to the extent that any of us are going to be very happy about. It is just really not going to happen. So I think that it really is going to become a matter of making some priorities.

Mr. SHAYS. But I am going to react to another point in the dialog between you and Dr. Zigler, and Rosa as well. We need to know what should be, and then the burden is on us. If you know what should be but deal with the reality of what we can practically do, you have kind of made our decision for us without us fully realizing what it should be.

And I have a sense of why you put the emphasis on Head Start versus Early Head Start. It seems to me that Early Head Start gobbles up tons of dollars per child, a lot more.

Dr. ZIGLER. An immense amount, that is right.

Mr. SHAYS. So in my own mind, I am thinking that maybe what you are going through is that you are saying we can help three children in Head Start and one in Early Head Start. And given that we have such limited effort so far, I will take the three over the one, even though I know that if you focused on one and followed them all the way through, it would have immense success.

Am I putting words in your mouth?

Dr. ZIGLER. No. You are saying exactly what I would say. I have been around long enough to be fairly pragmatic about these matters. One of the reasons that my counsel was sought by both parties over the years has been kind of a sensitivity to the fiscal realities. If anybody frees me from those kinds of concerns, I could lay out a wish list.

In fact, one of the wish lists, since I do not have to worry about money anymore, I will tell you one thing in your earlier comments that I would like to speak to: the world for children and families is not just Head Start and Early Head Start.

I mean we are confronted with a terrible tragedy, I think, in this country in the finding that 35 percent of children show up at school unready to learn. If you go to the inner cities, that figure is closer to 60 percent.

Why is this happening? I think that it is happening because there is a very poor child care system in America. You know, we are talking here about optimizing development. How about all of those millions of children that, every day, we put in settings that compromise their development?

What worries me about welfare reform, and I have been around welfare reform since the family assistance plan back in the Nixon days, what worries me if we are going to take one generation of women off of welfare—and I think that is a good idea, I am opposed to dependency, I think it is better for their kids—by the same token we are going to take their children, and we are going to put most of them into settings that are going to start them right back down that same road toward dependency.

I am concerned about that. And the problem is our State child care regulations. The fact of the matter is that 33 States in the United States, or let me put it the other way, 17 States have standards that experts think are minimally acceptable. Connecticut is 1 of the 17. This means that 33 States by their State regulations guarantee that the environments that kids are going to get in child care are going to be either poor or very poor.

And there are so many massive needs for children and families in this country that the cost does intimidate you.

Mr. SHAYS. I am able to put it in perspective, I think. Now your comment. You would go to the funny farm if over all of the years that you know what needs to happen, it is not happening. You either accept the reality of some limits. But it is important for us to know, I think, and especially in a hearing setting that what should be is not always what can be. And then the burden is more on our shoulders.

I leave this hearing, and we are going to invite our audience to participate as well in the end here, but I leave this hearing more aware than I was before of how much further we have to go. I do believe that we have two limits. One is financial, but some of that can be resolved. The other is how much can you absorb, and how quickly can you do it.

What I am left with is I would like to get together with a group of Republicans and Democrats, and advocate some kind of 5 year master plan or 10 year plan on how we would want to expand these programs, and really be quite forceful in articulating that to the rest of our colleagues.

Ms. GOLDEN. I guess that this is a way of underlining what all three of you have said in terms of priorities and this window of opportunity. But I think that I would make two points from our perspective. The first is when the administration tried to think about priorities in the context of a balanced budget, we did end up saying yes to all of these and find the tradeoffs elsewhere, because of all of the reasons that you said. Because there is nothing more important than being there for young children and for their parents.

As you know, the President's budget includes a major child care initiative that focuses both on quality and affordability, as well as expansions in Early Head Start and Head Start. So I would underline that even those of us who are forced to be practical have said looking at this issue that the window is now to make investments here, and make the tradeoffs elsewhere.

The second thing I would say, which again I think supports the reflections that all of you have offered, is that making a serious major investment in Early Head Start, as we are proposing, puts us in a position to be a catalyst for state and local development of programs the same way that Head Start in its 30 years has played a critical role as a model and catalyst.

We are already finding two or three States, now that Early Head Start is out there, and the performance standards are out there, and the technical assistance strategy is out there, that want to work with us to put some State money into programs with those same standards, which we are thrilled about.

Because as Dr. Zigler has said, in infant and toddler care, most programs out there right now are very far from this quality. So I would underline that I think that the judgment all of you are making that this is a window of opportunity is exactly right. And that if we really do this right and make these serious investments, we can be a catalyst for others to invest as well.

Mr. TOWNS. Just a couple of quick things.

Mr. SHAYS. Yes, sure.

Mr. TOWNS. On the chart of cases with earnings, I notice that you upped about 24,000, and all of a sudden there was a dip of 22,000.

Is there any reason for that?

Ms. THOMAS. That they will stay on and work, and earn money. And when they reach the end of their time limit with the cash that they have from earnings, they go off of cash assistance. That is why the numbers on welfare working are going down, because they are actually going off of welfare right now into the labor market where we want them to be.

Mr. TOWNS. The other question just for my own clarity, I do not know what could be done or said at this time, but as I understand it, part of the Head Start funding formula is based on welfare recipient numbers within a State. With welfare reform, this formula will need probably to be changed. So I guess if you cannot do it today, I would welcome, Mr. Chairman, some suggestions in writing as to what we might be able to do, because all of these things are really connected, I mean very much so, as I understand it. I hope that I am understanding it right.

Ms. GOLDEN. The formula right now in Head Start is an issue that Congress may choose to address in reauthorization. Congress will not have to address it. Because in fact, an amendment changing AFDC to TANF in the Head Start legislation happened in one of the technical corrections bills. So it will be a choice whether Congress wants to address the formula or not, and we are looking at that right now as we look at the issues.

So we will be eager to work with the Congress in the reauthorization on that issue, and provide any information that you find useful.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Mr. SHAYS. Rosa.

Ms. DELAURO. I just want to make one comment. I guess that I do not believe that the pressure to deal with Head Start and expanding Head Start, and trying to move to expand Early Head Start, moving cautiously to do that, is welfare driven. I guess that I do not believe that. I believe that is a piece of it.

I think that what Head Start has demonstrated to us, even with some of the difficulties, what Head Start has demonstrated in terms of the opportunity for children being ready to be in school, and Dr. Zigler's numbers, is that we have a long way to go until our kids are ready to come prepared to learn in schools.

And the development of research and data that has expressed to us how early children are learning. And my gosh, we need to not lose this period of time. I think that is driving it, as well as what is happening to our kids. We are not meeting their needs in so many ways. And that we have a lot to do in a variety of areas. And we are focusing on these two pieces here. We cannot do everything in this committee hearing, or in this particular debate.

But again, I do not believe that welfare or the welfare reform bill has driven this. I think that there are some bigger issues that are driving this debate, which have caused the public outcry and internal movement in this area. And I am not Pollyanna, and I think people know that. We do not have all of the resources to do everything, and we do want to do it right. The guidance that we need is how not to put programs in competition with each other that are both working, but how we move up the continuum with Head Start, how we begin the process of Early Head Start, making sure that we have in place what you all believe are the right ways to proceed here, so we do it right at the same time.

That is the kind of substantive input that we need, I think, to help us to lay out the next several years, and moving this along so that we get to the goal, and not keep missing the goal where we end up taking two steps backward. That is, I think, how we have to try to proceed at doing things.

And again, I will just end by saying that I do not think that we have a better moment than now to try to plant our feet firmly in this area.

Thank you, Congressman Shays.

Mr. SHAYS. Thank you.

I just need to get two things on the record here.

Dr. Zigler, do we need more research, or do we already know the answer about Head Start and Early Head Start? I am getting the sense of yes and no.

Are there not a lot of studies already, and do we not already know the answer to this question?

Dr. ZIGLER. We do not have a single study yet on Early Head Start. You know, people like me who deal with data have to be skeptical. Everything that I know about human brain development and other smaller type studies says that Early Head Start ought to work. What you are talking about is an implementation of a big new program.

Mr. SHAYS. But have there not been studies of other programs?

Dr. ZIGLER. Nothing like this, nothing of this magnitude.

Mr. SHAYS. We may not have called it Head Start, but there are State programs that have focused in.

Dr. ZIGLER. Not 0 to 3.

Mr. SHAYS. No kidding.

Dr. ZIGLER. Not 0 to 3. There are very few 0 to 3 projects that have ever been mounted. Remember that all of this only started with the starting points report of which I was a member, where Early Head Start was first recommended. The fact is and the sad thing is that the whole area of 0 to 3 is a huge vacuum in this country, the same way that the preschool period was a vacuum until Head Start came along.

I do not think that the Federal Government is going to do it all anyway. I think that just as Head Start is what stimulated 28 States to go after preschool education, I think that doing this study as a good, important, high quality experiment, collecting the data that is going to be collected, and it is when we get that data that I think that I would then take the big push forward. But I would think that it is premature today.

Mr. SHAYS. Thank you.

Do any of you want to make any closing comments?

I have a gentleman that I need to get back to New York. And I do want some from the audience to be able to participate.

Is there any kind of last comment that you would like to make? [No response.]

Mr. SHAYS. How many in our audience may want to make just a comment for a minute or 2? We have 1, 2, not many. So let us just devote 10 minutes here.

Ms. Golden, is it Helen Taylor, who is the director of the Head Start Bureau? Is she here?

Ms. GOLDEN. Yes. I would love to introduce Helen Taylor, the associate commissioner of the Head Start bureau.

Mr. SHAYS. Would you stand up. It is nice to have you here. You know, sometimes you see your boss make comments. If you want to correct anything or amplify them.

Ms. GOLDEN. It is Helen's extraordinary commitment and experience that has brought us where we are.

Mr. SHAYS. Well, it is great to have you. If you all do not mind staying, because it will just be 10 more minutes. And if someone, of those of you here, had a comment, you could also ask a question rather than just make a comment.

Who do we have? You are on line. We will just move you right over. You have got to set the example. You are the pacesetter here. You have got to be punctual and sharp.

Ms. SIMON. Where would you like me to be?

Mr. SHAYS. Right over there.

Ms. SIMON. Thank you very much for the opportunity. I did not bring written testimony, but I will offer you some observations.

Mr. SHAYS. Your name?

Ms. SIMON. I am Laura Lee Simon. I chair the Connecticut Commission on Children. I have been a child advocate for, believe it or not, almost 50 years.

Ms. DELAURO. I thank the commission for what you do. We have not mentioned the commission. The Connecticut commission is really terrific.

Ms. SIMON. Thank you. Thank you very much.

I do not think that even in my attenuated memory that I have even experienced a moment in the political environment that has offered the opportunity for the stars being aligned to effect change for children, and particularly young children, and to affect in fact our entire society.

I think that the public policy issues of the day certainly have focused on children in a way that they never have in my lifetime. And what I would like to do is simply indicate to you that the Commission on Children in Connecticut in the last dozen years has pioneered in the field of school readiness. It has come to be called school readiness. But in fact what that is is preventive policy, an investment at the very beginning of life to assure the health and safety, and early care, and lifelong learning of all of our children.

That certainly involves prenatal care, postnatal care, and all kinds of health issues including immunization. It involves early literacy, and making it possible for youngsters to be prepared to learn to read. It involves child care, and it involves Head Start, and it involves preschool. And it certainly involves support for parents, and parent involvement in all kinds of ways.

We have engaged in five synergistic kinds of strategies to help effect that change. And it involves the research of models, and enactment of a very doable public policy throughout the Nation to bring to Connecticut, and we offer this to you, to Congress.

We work with all branches of government at the State and municipal level. We work with communities and community organizations. We strongly involve the business community. We see children really not only from a humane point of view, but as an economic development issue. And the business community is beginning to resonate to those needs, and has taken a very strong position here in Connecticut in support of these policies.

We work with the media and through public education to provide all kinds of forums to make sure that people understand what is involved in these issues. And, of course, we work with parents, and involve them in ways to empower them to be advocates for their own children.

But what I would like to comment on is a theme——

Mr. SHAYS. None of that was a comment?

Ms. SIMON. That was just a background. There are a couple of points that I would like to offer you.

Mr. SHAYS. Try to do it in a minute or two.

Ms. SIMON. All right. And that is something that has been touched on briefly by a number of different people today.

My concern is that we not fragment our views about children, that we not fragment our approach to dealing with them, and that we not fragment our thinking about our resources. We are the richest country in the world. And it is a matter of political will, which has burbled up in these couple of years, that should make it possible to take a whole child approach, to be able to talk about it across class, and that it not necessarily be means tested.

And that in fact if we are talking about one in four children in Connecticut who are not ready to learn in Ernie Boyer's study, that means that we are talking about not just poor children but all children and their developmental needs.

I think that the school readiness bill, which we had a great deal to do with in the past legislative session, provides components that are applicable to any legislation that has to do with young children.

Mr. SHAYS. That is State legislation. School readiness is the State legislation.

Ms. SIMON. School readiness is the State legislation. And let me just very quickly cite the components in it which are applicable to all manner of legislation relating to children. It talks about children in this case 3's and 4's, and I would say birth through 8. Full access. It is for families with a sliding component in it. So with support from government to make it possible to address the issues of quality.

It provides dollars that provide wraparound care, that stress full day and full year. Which talks about service integration, and that means health systems, education, and Joyce's department of social services.

It talks about parent involvement, and it talks about the transition to elementary schools, so schools are ready for children. It talks about quality and all that is involved in promoting that.

It talks about local coordination and planning, and career ladders, and accreditation. It talks about health care as part of this system and safety. And it certainly upgrades the possibilities for expansion.

So I would certainly hope that to contextualize the whole thing that you would take the broadest possible view of the total needs of children. That you assume that if there is a political will that is available, that we do have the resources, and it is a question of a mindset. And to move forward in a way that is very comprehensive. Thank you.

Mr. SHAYS. Thank you.

Dr. Zigler, that triggered a question that I wanted to ask earlier. Even Head Start is out of the Department of Education. Head Start is out of HHS.

Is the difference that if it is out of HHS that we are trying to have a more holistic approach, looking at health care and day care?

Dr. ZIGLER. Yes. There was an effort, by the way, by President Carter to move Head Start to the Department of Education, and that failed, finally.

Mr. SHAYS. Was it good that it failed?

Dr. ZIGLER. I testified against the move. I am not very objective, but it was a mistake. There are two things that Education does not do that Head Start does very well, two things. One is parental involvement. Look at title I, and the problems they have had there. The second is the whole notion of comprehensive services, health and social services.

So the feeling always was that if you just send it to the Department of Education, that it would simply become an early education program. So you have got the difference, I think, well conceptualized.

Ms. THOMAS. Congressman, may I make a statement?

Mr. SHAYS. Sure.

Ms. THOMAS. Here in the State of Connecticut, the Head Start Program is in the State department of education, and it has been for a number of years. It was transferred over from the department of social services.

Mr. SHAYS. But the Head Start programs are not in the local boards of education. They are in NEON, and they are in ABCD.

Ms. THOMAS. At the local level, they have not changed a whole lot. But the issue that I am trying to make here is that in terms of the other comprehensive human services and social services that go along with the Head Start Program, that those pieces of it, no matter where it is, whether it is in education, or in health and human services, it has to remain intact at the very local level.

Those are the critical pieces of it. In this State, it is in the State department of education. And they have figured out a way to make it work.

Mr. SHAYS. You could handle it, if it was put back in your department, right?

Ms. THOMAS. I could handle that, sure. But do not tell Pat Surgie that I said that, OK?

Mr. SHAYS. I will not, but I am sure that someone else will.

All right.

Ms. MALONE. Thank you very much. I am Dr. June Malone, and I am senior coordinator of child development for ABCD in Bridgeport, CT. And I just wanted to make two very brief points with regard to fadeout.

There are a couple of factors that ought to be considered. I know that it takes place in Bridgeport. In Bridgeport, CT, children spend 1 year or 2 of 5 hours a day of Head Start, and then enter into kindergarten where they get 2½ hours a day for a year in school.

So when you consider loss of gains, remember the fact that they are going from a minimum of 5 hours a day. Some of our children attend for 7 or 8 hours a day.

Mr. SHAYS. You mean it is a half-day program?

Ms. MALONE. It is a 2½-hour-a-day program in kindergarten.

The other thing that I wanted to mention is that at ABCD, we have a child development advisory committee. And this committee helps us put together our plan for helping children make a transition from preschool into kindergarten. And we include kindergarten teachers and other members of the board of education on our committee.

Last year was the first year that we had this committee. We asked them at our very first meeting, "What do you want preschool children to be able to do, or to know, when they enter into kindergarten?" And they said to us quite frankly that the Head Start children are ready for kindergarten. When they come in, they can spot them. We do not even have to tell them which ones are ready for kindergarten.

However, those Head Start children are placed in classrooms where 6 out of 10 children have had no preschool experience whatsoever. And when they talk about kindergarten readiness, they are not talking about knowing the alphabet and knowing colors and so forth; they are talking about being able to function in a group, being able to focus attention, being able to follow directions, understand directions, control impulses, function independently, and follow classroom rules.

And this is what we work on in Head Start for 1 year to 2 years. And when our kids leave us, they are ready. But they are going into classrooms where 6 out of 10 children do not have any of these skills. And the teachers have the chore in 2½ hours a day to get those kids up to kindergarten readiness skills. And what happens to the children who come in with those skills, what are they doing with them?

Mr. SHAYS. That is a good question.

Any last word from our panel?

[No response.]

Mr. SHAYS. You have been really patient, and I appreciate that you have spent most of the day with us.

And particularly, Secretary Golden, it is great to have you here. And Commissioner Thomas, and Dr. Zigler, and Ms. Greene, it is great that you all came. And thank you so much.

[Whereupon, at 3:10 p.m., the subcommittee was adjourned.]

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ISBN 0-16-057006-9
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